

**Agency With Choice Financial Management Services
Managing Employer**

AUTHORIZED SURROGATE DESIGNATION FORM

Surrogate Designation

Please check one:

- I, _____ am able to self-direct and manage my own support services and do not need a surrogate at this time. (If selected, skip to the Signatures section.)
(Name of Individual)
- I, _____ or my legal guardian _____, or the person granted Power of Attorney for me, _____, have authorized _____ to act as my surrogate and assist me in directing and managing my support services and the workers who provide them.
(Name of Individual) (Name of Legal Guardian) (Name of Power of Attorney) (Name of Surrogate)

Surrogate's Address: _____

Telephone Number: () _____ **E-mail Address:** _____

Relationship of the Surrogate to the Individual: _____

Role and Responsibilities of the Surrogate

I, _____, understand and agree with my role as a surrogate. I understand and agree with my responsibilities as _____ surrogate as they relate to using the Agency With Choice Financial Management Services Organization and being the Managing Employer of the individual's qualified support service workers (SSWs), and agree to perform the responsibilities outlined in the prospective policy bulletin and Managing Employer/Surrogate Agreement Form.
(Name of Surrogate) (Name of Individual's)

I understand that my appointment as surrogate may be revoked at any time by the individual or myself.

I understand as a surrogate, I cannot receive payment for performing the surrogate role or for any Office of Developmental Programs' services I provide to the individual.

I understand that support services must be provided in accordance with the individual's approved and authorized Individual Support Plan. I agree that I will abide by Office of Developmental Programs' Waiver and non-Waiver policies.

Sign One: _____ (Individual) _____ (Date)
_____ (Surrogate) _____ (Date)
_____ (Legal Guardian or Power of Attorney, if applicable) _____ (Date)