

## AGENCY WITH CHOICE: INDIVIDUAL REPRESENTATIVE

Member's Name (*Print or type*): \_\_\_\_\_

AHCCCS ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Next Review Date (*Optional*): \_\_\_\_\_

**By signing below, I understand that:**

- An Individual Representative means a parent, family member, guardian, advocate, or other person appointed by the member to serve as a representative in connection with the provision of services and supports
- A legal guardian automatically assumes the role of an Individual Representative
- An Individual Representative (including the legal guardian) is prohibited from serving as a paid caregiver for the member choosing the Agency with Choice, member-directed service option
- The Individual Representative is appointed to perform the following responsibilities related to the Agency with Choice, member-directed service option on behalf of the member:
  - **Elect** the Agency with Choice, member-directed option
  - **Enter** into a co-employment agreement with the Agency with Choice provider agency
  - **Direct** the provision of care, as outlined in the Partnership Agreement (DDD-1659A)
  - **Participate** in the service planning process including signing the Service Plan (DDD-1500A)
- The member is involved, to the maximum extent possible, in the appointment of the Individual Representative, including changes in that appointment, as needed
- The Individual Representative will act in the best interests of the member and is able to perform the designated responsibilities

*Be aware that the term "Individual Representative" does not have the same meaning as the term "Authorized Representative." An Authorized Representative helps ALTCS members with eligibility related processes and decisions, not service planning.*

**AGENCY WITH CHOICE INDIVIDUAL REPRESENTATIVE:**

Any previous appointment of an Individual Representative is revoked upon the effective date of this appointment.

\_\_\_\_\_  
*Individual Representative's Name (Print or type)* \_\_\_\_\_  
*Relationship to Member*

\_\_\_\_\_  
*Address (No., Street, City, State, ZIP Code)*

\_\_\_\_\_  
*Phone Number* \_\_\_\_\_  
*Email Address*

**Signatures:**

\_\_\_\_\_  
*Member's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Individual Representative's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Support Coordinator's Signature* \_\_\_\_\_  
*Date*