

IN-HOME SUPPORTIVE SERVICES (IHSS) DESIGNATION OF AUTHORIZED REPRESENTATIVE

INSTRUCTIONS for Designating an Authorized Representative:

- This form allows the IHSS applicant/recipient or his/her legal representative to choose an Authorized Representative for the IHSS program and identifies the functions the Authorized Representative may perform on his/her behalf. This form is **only** for the IHSS program.
- To choose an authorized representative to represent the applicant/recipient at a state administrative hearing, complete a separate form, DPA 19 (*Authorized Representative*). The person authorized on the completed and submitted DPA 19 form can represent the applicant/recipient at a state administrative hearing.
- The Authorized Representative must be 18 years of age or older.
- Under state law, if the person chosen as the Authorized Representative is **not** the applicant/recipient's legal representative and **has been** convicted of or incarcerated following a conviction for certain exclusionary crimes within the past 10 years, he/she **cannot** be designated as the authorized representative. There are two categories of exclusionary crimes:
 - **Tier 1 crimes, as set forth in Welfare and Institutions Code (WIC) section 12305.81, include the following:**
 1. Specified abuse of a child (Penal Code [PC] section 273a[a]);
 2. Abuse of an elder or dependent adult (PC section 368); and
 3. Fraud against a government health care or supportive services program.
 - **Tier 2 crimes, as set forth in WIC section 12305.87, include the following:**
 1. A violent or serious felony, as specified in PC section 667.5(c) and PC section 1192.7(c);
 2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c); and
 3. A felony offense for fraud against a public social services program, as defined in WIC sections 10980(c)(2) and 10980(g)(2).

A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

- The applicant/recipient or his/her legal representative can choose a new or add another IHSS Authorized Representative **at any time** by completing a new form and submitting it to the county social worker.
- The Authorized Representative must act in the applicant/recipient's best interest and can only perform the functions authorized on this form. **County IHSS program staff will still need to meet with the applicant/recipient in person to ask questions related to his/her care and services although the Authorized Representative may also be present.**
- The Authorized Representative may perform all tasks set forth in **PART B** (FUNCTIONS PERFORMED BY AUTHORIZED REPRESENTATIVE); **however, the applicant/recipient is still responsible for providing all necessary information for program eligibility.**

INSTRUCTIONS for completing this form:

- **Complete the section** with the applicant/recipient's name, IHSS Case Number, and date.
- **Complete PART A** (DESIGNATION OF AUTHORIZED REPRESENTATIVE) and review **PART B** (FUNCTIONS PERFORMED BY AUTHORIZED REPRESENTATIVE) of this form to understand what activities the authorized representative can provide for the applicant/recipient.
- **If the applicant/recipient's spouse/domestic partner is both his/her provider and authorized representative**, the only provider-related document he/she may sign is the SOC 862 (*IHSS Recipient Request for Provider Waiver*). Complete **PART C** (TIMESHEET AND/OR OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY) to designate a different individual to serve as the applicant/recipient's authorized representative to sign timesheets and other provider-related documents.
- After completing this form and signing **PART D** (APPLICANT/RECIPIENT ACKNOWLEDGMENT), **submit this form to the county social worker.**

Applicant's/Recipient's Name	IHSS Case Number	Date

I am the Legal Representative of the Applicant/Recipient.

I am the Applicant/Recipient's

Conservator Legal Guardian Parent/Legally Authorized Decisionmaker
(for minor child).

I understand that I do not need to complete this form to serve as the applicant/recipient's Authorized Representative unless:

- I will have the responsibility of signing IHSS provider timesheets and/or other provider-related documents in which case I will need to complete **PART C (TIMESHEET AND OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY)**.
- I will be designating another individual to serve as the Authorized Representative for purposes of the IHSS program.

PART A. DESIGNATION OF AUTHORIZED REPRESENTATIVE

Complete this part of the form to appoint the individual the applicant/recipient or his/her legal representative chooses to be his/her IHSS Authorized Representative.

If the applicant/recipient or his/her legal representative would like to designate multiple IHSS Authorized Representatives to perform the functions listed in **PART B**, then complete a separate form for each designated Authorized Representative.

The IHSS applicant/recipient appoints the following individual as his/her Authorized Representative for the IHSS Program:

Authorized Representative's Name	Authorized Representative's Telephone Number	
Authorized Representative's Street Address	City	Zip Code

WITHIN THE PAST 10 YEARS, HAS THE INDIVIDUAL DESIGNATED IN PART A. BEEN:

- a. Convicted of or incarcerated following a conviction for a Tier 1* crime?
 Yes No
- b. Convicted of or incarcerated following a conviction for a Tier 2* crime?
 Yes No

**See Page 1 of the instructions for a definition of Tier 1 and Tier 2 crimes.*

PART B. FUNCTIONS PERFORMED BY AUTHORIZED REPRESENTATIVE

The IHSS applicant/recipient gives consent for his/her Authorized Representative to act on his/her behalf for the IHSS program and may perform the following functions:

- Scheduling interviews and meetings with county IHSS program staff.
- Completing and submitting application forms for the IHSS program.
- Completing and submitting any additional forms and/or providing additional records or information for IHSS program eligibility.
- Reporting within 10 days to the county IHSS program any changes regarding the applicant/recipient's eligibility, such as household composition, address, or phone number, or any time the applicant/recipient will be away from the home.
- Obtaining information from the county IHSS program regarding the status of his/her application and/or continued eligibility, including authorized services and hours.
- Hiring and firing of IHSS provider(s).
- Instructing the applicant/recipient's provider(s) on how to provide services to him/her for the IHSS program.
- Reviewing the IHSS case file of the applicant/recipient.
- Signing IHSS provider timesheets and/or other provider-related documents.
(Complete PART C. TIMESHEET AND/OR OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY.)

**PART C. TIMESHEET AND/OR
OTHER PROVIDER-RELATED DOCUMENTS SIGNATORY**

Completing this part of the form allows the Authorized Representative to sign IHSS provider timesheets and/or other provider related documents on the applicant/recipient’s behalf.

If the Authorized Representative also serves as the applicant/recipient’s provider and is not a legal representative as described on page 1 of this form, the applicant/recipient must choose a different Authorized Representative to sign IHSS provider timesheets and/or other provider-related documents on his/her behalf.

If the applicant/recipient or his/her legal representative would like to designate one Authorized Representative to sign IHSS provider timesheets and a different Authorized Representative to sign other IHSS provider-related documents, complete a form for each Authorized Representative.

The IHSS applicant/recipient or his/her legal representative appoints the following individual to perform the IHSS Program functions designated below:

(Select any functions below that the applicant/recipient wants the following individual to do by marking the check boxes to the left of the functions.)

- Sign IHSS provider timesheets.
- Sign other IHSS provider-related documents.

Name of Authorized Representative to Sign Provider Timesheets and/or Other Provider-Related Documents		Telephone Number
Street Address	City	Zip Code

PART D. APPLICANT/RECIPIENT ACKNOWLEDGMENT

I understand and agree to follow all of the terms and conditions on this form. I further acknowledge that the information provided on this form is true and correct.

Signature of Applicant/Recipient or Legal Representative	Date
Printed Name of Applicant/Recipient or Legal Representative	
Signature of Authorized Representative Designated in PART A	Date
Signature of Authorized Representative Designated in PART C	Date

A witness or notary public's signature is necessary if the applicant/recipient is not physically able to sign the form and places an identifying mark in the signature section. *The designated Authorized Representative cannot serve as the witness.*

Name of Witness/Notary Public	
Signature of Witness/Notary Public	Date

FOR COUNTY USE ONLY

County Social Worker Name	
County Social Worker Signature	Date