

**NORTH CAROLINA  
HOME CARE INDEPENDENCE PROGRAM**

**APPOINTMENT OF REPRESENTATIVE FOR PARTICIPANT**

**Participant Name:** \_\_\_\_\_

**Participant Address:** \_\_\_\_\_  
\_\_\_\_\_

*The above named person (Participant) is interested in receiving Consumer Directed Services (CDS) and wants to appoint another person, called a Representative, to act in his/her behalf for selecting, training, and directing Personal Assistants that they will hire for direct provision of care to them in their home setting, in addition to working cooperatively with the Care Advisor and Financial Management Service involved in the person's care.*

**Questions for the individual being considered for the volunteer position of Representative:**

1. What is your relationship to the Participant?  
Family Member \_\_\_ Friend \_\_\_ Legal Guardian \_\_\_ Other \_\_\_
2. Do you receive money from the client or anyone else to care for the person? Yes \_\_\_ No \_\_\_  
***If Yes, you will be unable to act in the capacity of Representative in the CDS program of the NC Division of Aging and Adult services unless you are willing to give up the paid care giving responsibilities.***  
***Are you willing to give up the paid position? Yes \_\_\_ No \_\_\_***  
***If Yes, please proceed to the following questions.***
3. After reading the following duties and responsibilities, please indicate your understanding and acceptance by initialing each statement:
  - a. \_\_\_ Accept responsibility to monitor the health care needs of this person and to seek help with issues from an appropriate health care person whenever this becomes necessary
  - b. \_\_\_ Work cooperatively with the Financial Management Service (FMS) that will provide payroll and other financial services for the person by verifying the provision of service by Personal Assistants who work with the person

- c. \_\_\_ *Supervise the work of Personal Assistants*
  - d. \_\_\_ *Show a strong personal commitment to the person*
  - e. \_\_\_ *Show knowledge about the person and their personal preferences*
  - f. \_\_\_ *Show sound judgment to act on the person's behalf*
  - g. \_\_\_ *Be at least 18 years of age*
  - h. \_\_\_ *Have known the person for at least two years*
  - i. \_\_\_ *Do not have a convicted felony record of abuse, neglect, assault, criminal sexual conduct, fraud, or theft against a minor or adult*
  - j. \_\_\_ *Understand that I may not receive money to be the Representative of the person*
  - k. \_\_\_ *Cannot serve as the Personal Assistant of the person*
  - l. \_\_\_ *Do not have a mental ,emotional, or physical condition that could result in harm to the person*
4. *Do you understand that as this person's Representative you cannot be both a paid Personal Assistant and the Representative? Yes \_\_\_ No \_\_\_*

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I wish to appoint this person to serve as my Representative while I am a Participant in the Consumer Directed Services program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant)

I accept the volunteer position of Representative for the above person.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Representative)

Address \_\_\_\_\_  
Telephone \_\_\_\_\_

I have witnessed the signatures of the Participant and Representative.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Care Advisor)

Eff.7/1/11.....a copy goes to each person who has signed this form and to the FMS