AUTHORIZED REPRESENTATIVE AGREEMENT

Consumer Name	Employer of Record Name

Instructions: The Employer of Record (EOR) may choose to have someone help with their duties in the Virginia Consumer-Directed Services Program. The EOR role will not change if an Authorized Representative is used. A family member or friend can be in this role. **Only submit this form if you are choosing someone to help you with Employer duties.**

Release of Information: The person listed here has permission to speak to CDCN on behalf of this EOR. This person is not authorized to sign any forms or paperwork on behalf of the EOR. A Designated Representative for Attendant Time Approval form must be submitted if the EOR would like for this person to be able to approve shifts worked on the EOR's behalf.

Last Name	*First Name*
Date of Birth	*Social Security Number*
Relationship to Consumer	

By signing below, I, the EOR, allow the above-named person to act on my account as indicated above.

Signature of EOR: _____ **Date:** _____

Please submit by email, fax or US Mail as shown below:

Email: InfoCDVA@ConsumerDirectCare.com

Fax: 1-877-747-7764

Mail:
Consumer Direct Care Network Virginia
Virginia Consumer-Directed Services Program
300 Arboretum Place, Suite 410
Richmond, VA 23236