DESIGNATED REPRESENTATIVE FOR ATTENDANT TIME APPROVAL

Consumer Name	Employer of Record Name

Instructions: The Employer of Record (EOR) may choose to have someone help with certain duties in the Virginia Consumer-Directed Services Program. The EOR's role will not change if they designate a representative to approve attendant time records. A family member, friend or other trusted individual can be assigned this duty. Please complete, sign and submit this form to Consumer Direct Care Network (CDCN) to appoint a designated representative for time approval purposes.

Designated Representative Information:

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

By signing below, I agree to be the EOR's Designated Representative for attendant time approval purposes. I understand I may only approve an attendant's time records for services provided to the above-named Consumer. I further understand I cannot approve time records for myself if I am also an attendant, nor may I sign other documents on behalf of the EOR.

Signature of Designated Representative: _____ **Date:** _____

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

Signature of Employer of Record: _____ **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