



Consumer Directed Services
Appointment of a Designated Representative

Individual's Name, Medicaid No., Employer's Name, Relationship of Employer to Individual Receiving Services: Individual/ Self, Court-Appointed Guardian, Parent of a Minor, Other Legally Authorized Representative [LAR]

Any previous appointment of a designated representative (DR) is revoked upon the effective date of this appointment.

Initial or Change

Designated Representative:

Employer:

Printed Name, Signature, Social Security No., Date of Birth, Date, Relationship to Individual, Relationship to DR

Department rules [Texas Administrative Code Chapter 41, Consumer Directed Services (CDS), §41.205] require the CDS employer who is appointing a designated representative, who is a non-relative, to obtain information needed to request that the financial management services agency (FMSA) run a criminal conviction check using the Department of Public Safety public website.

The designated representative (DR), who is a non-relative, is ineligible to participate in the CDS option if he or she has been convicted of an offense under Chapter 32 of the Penal Code or an offense barring employment as listed in the Texas Health and Safety Code, §250.006(a) and (b).

ACKNOWLEDGEMENT:

By signing this form, the designated representative grants permission for the FMSA to obtain the criminal conviction check.

Date of DPS Check, Time (AM/PM), Obtained By, Convictions (Yes/No), If yes, does the conviction(s) prohibit service delivery or is the person serving as a DR in compliance with Health and Safety Code Chapter 250 or other eligibility requirements? (Yes/No)

The person named below, a willing adult 18 years of age or older, has agreed by signature to serve as the DR for the employer.

The effective date of this designation is

The DR is appointed to perform the following employer responsibilities:

Empty box for listing employer responsibilities.

The DR may not perform the following employer responsibilities:

Empty box for listing employer responsibilities that the DR may not perform.

Designated Representative:

Employer:

Printed Name, Signature, Date