|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DEPARTMENT OF HEALTH SERVICES Division of Medicaid Services  F-20987 (03/2017) | | | STATE OF WISCONSIN | | | |
| AUTHORIZED REPRESENTATIVE DESIGNATIONMedicaid COMMUNITY WAIVER PROGRAMSIndividualized Service Plan (ISP) ONLY **(NOT to be used for financial eligibility documents: re. F-20919 or COP Cost Share Worksheets.)** | | | | | | |
| **Instructions:** It is preferable to have the applicant/recipient sign documents relating to the Medicaid Community Waiver Programs with either a signature or mark to indicate his/her expressed preferences. (Those persons experiencing cognitive difficulties should be evaluated to see if another method is more appropriate.) However, the applicant/recipient may designate someone to sign the ISP on his/her behalf by completing the following form. If signed by an “X” or other mark, this form must be witnessed by two persons. The designated authorized representative and/or the case manager may act as witnesses should the applicant/recipient sign by an “X.” | | | | | | |
| I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to represent me and to act on my behalf and | | | | | | |
| (Print Full Name) | | | | | | |
| best interest in my application for the Medicaid Waiver Program. I have been consulted in the design of my service plan and my preferences are known to my representative. | | | | | | |
|  | | **SIGNATURE** – Recipient / Applicant | |  | Today’s Date |  |
|  | | **SIGNATURE** – Witness | |  | Today’s Date |  |
|  | | **SIGNATURE** – Witness | |  | Today’s Date |  |
| I agree to represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in his/her application to the Medicaid | | | | | | |
| (Print Applicant’s Name) | | | | | | |
| Waiver Program. I have consulted with him/her and know what kinds of services are needed or desired. | | | | | | |
|  | | | | | | |
|  | **SIGNATURE** – Authorized Representative | | |  | Today’s Date |  |
|  | **SIGNATURE** – Witness | | |  | Today’s Date |  |