

**West Virginia Personal Options  
Aged and Disabled Waiver Program  
Appointment of Representative**

You may appoint a representative to help you direct your own services. Important: An appointed *Personal Options* representative is not a legal representative and may not be a paid employee.

**Section I** (To be completed by participant)

Name of Participant \_\_\_\_\_  
Participant Signature \_\_\_\_\_  
Date \_\_\_\_\_

*I appoint the below named individual as my representative for Personal Options. My representative will help me with the following. (Please check all that apply)*

- Assist me to complete required paperwork
- Assist me to develop my Participant Directed Service Plan and monthly Spending Plan
- Assist me with the responsibilities of being an employer, including approving timesheets
- Assist me to purchase other goods and services, including submitting payment requests
- Perform other duties as assigned \_\_\_\_\_

**Section II** (To be completed by representative)

*I agree to serve as the representative for the above named participant. I understand and agree to the above responsibilities. I understand that I am not a legal representative and cannot be a paid employee.*

Name of Representative \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

	City	State	Zip
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Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Representative Signature \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Date \_\_\_\_\_

**Section III** (To be completed by PPL)

Witness Signature \_\_\_\_\_  
(Required if participant or representative signs with a mark)  
Date \_\_\_\_\_