

**West Virginia Personal Options
Traumatic Brain Injury Waiver Program
Appointment of Representative**

You may appoint a representative to help you direct your services. Important: An appointed Personal Options representative may not be a paid employee unless approved by the West Virginia Bureau for Medical Services (BMS)

Section I (To be completed by participant or legal representative)

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 in developing and revising my 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
Phone: _____
Email: _____
Representative Signature _____
Date _____

If Representative is to be a paid employee BMS must approve.

BMS Signature _____
Date: _____

Section III (To be completed by PPL)

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