



Authorized Representative Agreement/Signatory Authority Form Instructions

This form lets you authorize other people to help you with your responsibilities as the Employer of Record (EOR). You may choose someone to assist with approving service shifts or allow others to speak to VA Cardinal Care, through Public Partnerships LLC (PPL) on behalf of the consumer.

Signatory Authority – Allow other people to approve service shifts

- Decide who will be allowed to approve service shifts.
- Each person(s) you select must complete this form.
- Have the person you selected completed the appropriate section of the form under “Signatory Authority”.

Release of Information – Allow other people to discuss the consumer’s services with VA Cardinal Care, through PPL

- Decide who will be allowed to speak with VA Cardinal Care, through PPL on behalf of the consumer and complete the “Release of Information” section on the form.
- Have each person(s) you select complete the appropriate section of the form under “Release of Information”.

What fields need to be completed?

- Name and Signature.
- Write in their Date of Birth (DOB).
- Write in their Social Security Number (SSN).
- If you choose the same person for both tasks, they must complete **EACH** section.
- The Employer of Record **MUST** sign and date the form.

Authorized Representative Agreement and Signatory Authority		
<small>The Employer of Record (EOR) may choose to have someone help with their duties in the Virginia Consumer-Directed Services Program. The EOR role will not change if a Signatory Authority is used. A family member or friend can be in this role. VA CCC Plus, through Public Partnerships LLC cannot release information to anyone, unless they are listed on this form, due to Health Insurance Portability and Accountability Act (HIPAA) requirements.</small>		
Instructions: Only submit this form if you are choosing someone to help you with employer duties.		
Consumer Name:		Consumer ID:
Signatory Authority Information: The person listed here may approve service shifts only, they cannot sign tax or hiring packets.		
Last Name:		First Name:
Date of Birth:	Social Security Number:	Relationship to Consumer:
<input type="checkbox"/> I agree to be the Signatory Authority for this consumer.		
Signatory Authority Signature _____		Date _____
Release of Information: The person listed here has permission to speak to PPL on behalf of this consumer. This person is not authorized to approve any service shifts, forms, or paperwork on behalf of the EOR.		
Last Name:		First Name:
Date of Birth:	Social Security Number:	Relationship to Consumer:
Release of Information Signature _____		Date _____
<input type="checkbox"/> I allow the above-named person (s) to act on my account.		
Employer of Record Signature _____		Date _____
Consumer Name (Print) _____		Date _____