

# REPRESENTATIVE AGREEMENT

## Member Name

First:  Last:  PPL ID:

## Employer Name (this must be completed)

First:  Last:

A Member and/or their Guardian has the right to choose an Authorized Representative (AR). An AR may take some control for the Member. The AR may also be the employer of record. The AR will involve the Member as much as possible.

Fill out the information below only if you want to appoint an AR.

## AR Name

First:  Middle:  Last:

Maiden or Previous:

## Mailing

Address:  Address 2 (APT., STE., etc.):

City:  State:  Zip Code:

## Personal Details

Date of Birth:  Social Security Number:  Gender:  Male  Female  Prefer not to disclose

Relationship to Member:  
 Spouse  Parent/Step-parent  Child  Sibling  
 Grandparent  Grandchild  Non-relative  Legal Guardian/Power of Attorney

## Contact Details

We need to have 2 ways of reaching you. Email is preferred.

Email:

Cell Phone:  Home or Other Phone:

Public Partnerships can text me using the cell phone number above.  
 I understand that carrier charges may apply.  Yes  No

**Terms and Conditions**

**An AR must:**

- Be at least 18 years old
- Understand the Member's wishes
- Follow through on the Member's care choices
- Be available to the Member
- Be available to program managers
- Submit to background checks, if required
- Keep Member personal information private
- Not be the Attendant

**An AR may:**

- Complete and sign program related forms, paperwork, and timesheets
- Perform employer related duties, such as:
  - Review Attendant payroll
  - Assist in managing Attendant(s)
  - Manage service authorizations

If the Attendant's employment stops for 6 months or longer, they may have to complete new paperwork.

**This agreement can end any time by either party.**

**NOTE: The AR is not paid for representing the Member.**

**Medicaid Fraud**

Medicaid Fraud is a crime. It can lead to penalties and/or jail time. You must report any suspected fraud to PPL, the Case Manager, and/or the State.

**Change of Employer**

If a new Employer replaces the previous Employer, they become the successor employer. The Attendant must have continued to provide the same services to the same Member. The new employer is required to keep completed forms. This includes the I-9.

**Electronic Signatures**

PPL supports electronic signing of forms if it is lawful and applies.

**Electronic Visit Verification (EVV)**

The Attendant must clock in and clock out for their shift using an approved EVV method.

**Agree and Sign**

The AR and Member confirm:

- We have read all of this form
- The details provided are accurate and complete
- Any false statement may result in the AR's dismissal
- This document is not a contract between the signing parties, PPL, or the State

**Authorized Representative Signature:**

**Date:**

**Member Signature:**

**Date:**