

West Virginia Personal Options 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 _____