



Veterans Directed Home & Community Based Services

Veterans Directed Home and Community Based Services (VDHCBS) Designation of Representative

Participant Name: _____ ID # _____

Phone #: _____ Email: _____

I designate _____, to serve as my authorized representative for the Veterans Directed Home and Community Based Services (VDHCBS) Program.

My representative will assist me with the following (checked boxes only):

- Find, interview and hire employees to provide personal assistance and supports
- Define employees' job duties and develop a job description
- Train employees to deliver care based on the participant's needs and preferences
- Set the employees' work schedule with my input
- Supervise and evaluate employees' job performance
- Address problems or concerns with employees' performance
- Terminate an employee when needed
- Decide how much employees will be paid (within limits set by the County)
- Review the time employees report to be sure it reflects actual time worked.
- Sign time sheets on my behalf
- Develop an emergency back-up plan for personal assistance and supports
- Serve as a contact person when I cannot be reached
- Other, specify: _____

I understand that my representative cannot be paid to serve as my authorized representative and cannot be one of my paid employees in the VDHCBS program.

I understand I can revoke this agreement by providing a written statement to the Oregon state wide VD-HCBS local AAA Coordinator that I work with.

Veteran Signature

Date

Representative Signature

Date

Representative Contact Information:

Phone number: _____ Email Address: _____

Home address: _____