

## **DESIGNATED REPRESENTATIVE** FOR ATTENDANT TIME APPROVAL

Consumer Name	Employer of Record Name
Instructions: The Employer of Record (EOR) may che the Virginia Consumer-Directed Services Program. representative to approve attendant time records. can be assigned this duty. Please complete, sign an Network (CDCN) to appoint a designated represent.	The EOR's role will not change if they designate a A family member, friend or other trusted individual d submit this form to Consumer Direct Care
Designated Representative Information:	
Last Name	First Name
Date of Birth	Social Security Number
Relationship to Consumer	
By signing below, I agree to be the EOR's Designate purposes. I understand I may only approve an atterabove-named Consumer. I further understand I carattendant, nor may I sign other documents on beha	ndant's time records for services provided to the nnot approve time records for myself if I am also an
Signature of Designated Representative:	Date:
By signing below, I, the Employer, appoint and allow indicated.	v the above-named person to act on my account as
Signature of Employer of Record:	Date:
Please submit by email, fax or US Mail as shown be	low:
Email: InfoCDVA@ConsumerDirectCare.com	Mail:

6802 Paragon Place, Suite 430 Richmond, VA 23230

Consumer Direct Care Network Virginia

Virginia Consumer-Directed Services Program





**Fax:** 1-877-747-7764