

Designated Representative Appointment

Veteran Participant: _____

I agree to act as Designated Representative for the above named Veteran. I understand that the Veteran will be involved in the management of VD-HCBS to the best of his/her ability. I will respect the Veteran's preferences and will notify the Service Coordinator of any concerns that may arise that would jeopardize my ability to perform my duties. I understand that I will not receive compensation for this service or be one of the paid support workers.

Name

Phone

Address

Designated Representative Signature

Date