

Individual ID

Authorized Representative Form

This form is required if you, the Individual, would like to designate an Authorized Representative to handle Employer of Record duties on your behalf or sign invoices for Vendor or Goods and Services.

An Authorized Representative is a person that the Individual has chosen to act on their behalf to direct their plan of care to meet their identified health, safety, and welfare needs. An Authorized Representative should always: 1. Act in the Individual's best interest, 2. Respect the Individual's preferences, 3. Maintain regular contact with the Individual, 4. Be willing and able to meet and uphold all program requirements on behalf of the Individual, 5. Be at least 18 years old.

****An individual hired as a Self-Directed Employee in the Self-Directed Employee (SDE) Option program may not be the Authorized Representative for the Individual. A Vendor may not be the Authorized Representative for the Individual.****

You may choose a person to be your Authorized Representative who may assist you with any and all NJ SDE Option activities and decisions for which you are responsible and take actions on your behalf. An Authorized Representative shares the Employer responsibilities including signing timesheets, invoices and speaking with Public Partnerships on your behalf.

Individual First Name: _____

Individual Last Name: _____

Authorized Representative First Name: _____

Authorized Representative Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: () _____

I understand that my Authorized Representative cannot be a Self-Directed Employee nor the Vendor.

Signature of Individual

Date

Signature of Authorized Representative

Date

Once this form is signed and dated, please send it to Public Partnerships by fax (1-844-561-5978) or by email (njddd@pcgus.com). If you have any questions, please call us at 1-844-842-5891.