



**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
DEVELOPMENTAL DISABILITIES ADMINISTRATION

CLIENT REPRESENTATIVE'S NAME AND ADDRESS

Dear:

Our records indicate you have been identified as:

- Guardian of Person
- Durable Power of Attorney (DPOA) for Healthcare decisions

I am writing to request a copy of the current Letters of Guardianship or the DPOA paperwork verifying your role. DDA is required to verify guardian or DPOA status before allowing someone other than the client to consent to services. It is important that we have this documentation for \_\_\_\_\_.  
CLIENT'S NAME

If you have any questions, I may be reached at \_\_\_\_\_.  
TELEPHONE NUMBER (INCLUDE AREA CODE)

Please send the current Letters of Guardianship or the DPOA paperwork to the DDA Office listed below:

Thank you.

\_\_\_\_\_  
CASE RESOURCE MANAGER'S NAME AND TITLE

cc: Client File

## **INSTRUCTIONS**

### **When do I send this form to the legal representative?**

You send this form when an individual has been identified as the legal representative for your client and you do not have a current copy Letters of Guardianship or DPOA for healthcare document in your client's file.