



New Freedom Authorized Representative

Name of Participant		ACES ID Number	
<p>I have reviewed the materials provided by my Care Consultant that explains:</p> <ul style="list-style-type: none"> • The New Freedom Program, • My rights and responsibilities in directing my care, and • The role of my Authorized Representative. <p>I hereby designate:</p>			
Name		Phone Number	
Address	City	State	Zip Code
Email (optional)			
<p>to be my Authorized Representative in the New Freedom Program. My Authorized Representative is able to complete and sign all forms on my behalf. My Authorized Representative will work with the CARE Consultant to use the New Freedom Spending Plan monthly allotment to purchase goods, services, and other items to meet my personal care needs as identify in my CARE assessment.</p>			
Participant's Signature		Date	
Witness Signature*	Date	Printed Witness Name	

*Required if either the Participant or Representative sign with a mark.



New Freedom Authorized Representative

Name of Participant		ACES ID Number
Authorized Representative Requirements: An Authorized Representative is a person that the Participant has chosen, to act on behalf of the Participant to direct their New Freedom Spending Plan to meet their identified health, safety, and welfare needs.		
<u>An Authorized Representative must:</u> <ul style="list-style-type: none">• Act in the Participant's best interest• Respect the Participant's preferences• Maintain regular contact with the Participant• Be willing and able to meet and uphold all program requirements on behalf of the Participant• Be at least 18 years old	<u>An Authorized Representative CANNOT:</u> <ul style="list-style-type: none">• Be paid for this service• Be a paid provider for the Participant	
I agree to serve as an Authorized Representative for the above-named participant and understand my responsibilities and duties under the New Freedom program. The Participant or Authorized Representative may end this agreement at any time.		
Participant's Signature		Date
Printed Authorized Representative's Name	Authorized Representative's Phone Number	