



An Authorized Representative can be a Consumer’s legal guardian, family member or any other person identified by the Consumer/Employer in consultation with the MyCare Ohio staff to manage Consumer/Employer duties when the Consumer/Employer is unable to do so independently.

An Authorized Representative must:

1. Show a strong personal commitment to the Consumer/Employer
2. Show knowledge about the Consumer/Employer’s preferences
3. Agree to visit the Consumer/Employer at least every pay period
4. Be willing and able to meet all program requirements for the MyCare Ohio Program
5. Be at least 18 years old
6. Be willing to submit to criminal background checks, if requested

An Authorized Representative may:

1. Sign/complete program related forms and paperwork including verifying provider/employee time submittals
2. Obtain confidential information from Morning Sun regarding the Consumer/Employer’s service authorization, provider payroll, etc.
3. Perform employer related duties, such as but not limited to: assist in hiring and terminating provider staff, managing the Consumer/Employer’s provider staff, completing forms, and managing the monthly service authorization

An Authorized Representative Cannot:

1. Be paid for this service or be hired by the Consumer/Employer as a provider/employee
2. Be known to conduct illegal activities
3. Have any history of physical, mental or financial abuse

Name of Participant/Employer:

Phone:

Cell phone:

Email Address:

Address:

City:

State:

Zip:



I, _____ hereby assign the person stated below as my Authorized Representative in the MyCare Ohio Program:

Name of Authorized Representative:

Phone:

Cell phone:

Email Address:

Address:

City:

State:

Zip:

Relationship to Consumer:

Consumer/Employer Signature Date

I hereby agree to serve as the Authorized Representative for the above named Consumer and understand my responsibilities and duties under the MyCare Ohio Program.

Authorized Representative Signature Date

Case Manager Signature Date

Authorized Representative: Please initial to indicate your understanding below.

After reading the description that outlines the responsibilities of the Authorized Representative, I understand my functions and I am willing to volunteer to serve as the Consumer/Employer's Authorized Representative without payment.

I understand that I cannot be paid in this role and cannot become a paid caregiver or provider.