

**CHOSEN REPRESENTATIVE  
FOR DD SERVICES AND PROGRAMS**  
[Ohio Revised Code Section 5126.043(B)]

\_\_\_\_\_  
Name (Print or Type Person Receiving Service/Program)

**Part I CHOSEN REPRESENTATIVE**

I choose this person, \_\_\_\_\_  
(Print or Type Name and Address)

to act as my representative in connection with services I receive or programs I participate in that are provided for or funded pursuant to Chapters 5123 or 5126 of the Ohio Revised Code.

This person may, entirely in my place, make any request or give any notice, give or seek information, receive information, and receive any notice and make decisions about these services or programs. I authorize the Ohio Department of Developmental Disabilities, the \_\_\_\_\_ County Board of Developmental Disabilities, and my providers to release information about the services I am receiving or the programs I am participating in, or the services or programs I might be eligible for, to this person.

I am limiting this delegation of my decision-making authority as follows:

\_\_\_\_\_  
\_\_\_\_\_

(If no words appear here, there is no limitation)

\_\_\_\_\_  
Signature of Person Receiving Service/Program

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number (with Area Code)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Part II ACCEPTANCE OF APPOINTMENT**

I, \_\_\_\_\_, hereby accept the above appointment. I certify that I do not have a financial interest in the decision or decisions I am making or I will make on behalf of \_\_\_\_\_ concerning the receipt of services or participation in a program provided or funded pursuant to Chapters 5123 or 5126 of the Ohio Revised Code.

I further certify that I will not charge or collect any fee for my representation, even if a third party will pay the fee.

I understand it is my obligation to make decisions that are in his/her best interest and consistent with his/her desires and preferences.

I further understand that it is my obligation and responsibility to consult with \_\_\_\_\_ before I make a decision on his/her behalf.

\_\_\_\_\_  
Signature (Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number (with Area Code)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date