



**Participant-Directed Services  
Designated Representative  
Revocation of Appointment/Reassignment of Responsibilities**

Participant's Name	Medicaid Number
Designated Representative's Name	
Relationship to Participant Receiving Services:	
<input type="checkbox"/> Self <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Parent of a Minor Child <input type="checkbox"/> Durable Power of Attorney  <input type="checkbox"/> Other: _____	

<b>All Responsibilities Assumed by Participant</b>	
I, _____ will fulfill all responsibilities <b>without</b> the use of a designated representative. This revocation of the use of a designated representative is effective this _____ day of _____, 20____	
<b>Participant:</b>	<b>Witness (required):</b>
Printed Name _____	Printed Name _____
<input type="checkbox"/> Participant Cannot Sign	
Signature _____	Signature _____
Date _____	Date _____
	<i>Identify by what authority witness has been given power to sign on behalf of the Participant:</i>  _____

**Identification of Responsibilities Retained by Designated Representative**

I, \_\_\_\_\_, will fulfill some responsibilities **without** the use of a designated representative.

**The following responsibilities shall be performed by the Participant:**

**The following responsibilities shall continue to be performed by the Designated Representative:**

This revocation of the use of a designated representative and/or reassignment of responsibilities is effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Participant:**

**Witness (required):**

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Participant Cannot Sign

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

*Identify by what authority witness has been given power to sign on behalf of the Participant:*

\_\_\_\_\_

## AFFIDAVIT TO A FACT

### AFFIANT'S CERTIFICATION

I certify under penalty of perjury that all information and statement(s) made above are true to the best of my knowledge.

Affiant's Printed Name \_\_\_\_\_

Affiant Cannot Sign

Affiant's Printed Name \_\_\_\_\_

Affiant Cannot Sign

Affiant's Signature \_\_\_\_\_

Affiant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_