



YOUR LIFE
YOUR CARE
YOUR PEOPLE

Public Partnerships LLC

PO Box 310, Binghamton, NY 13902

Fax: 1-833-951-0828

Designated Representative Form

Consumer Name:

PPL ID:

(First name, Last name)

Designated Representative Name:

PPL ID:

(First name, Last name)

I have been asked to serve as a Designated Representative (DR) for a consumer in the New York State Consumer Directed Personal Assistance Program (CDPAP).

The purpose of this Designated Representative Form is to explain the rules that I must follow when acting as a DR.

I understand that to serve as a DR, I must:

- Be an adult (at least 18 years old).
- Not be the consumer's PA.
- Not be an employee of Public Partnerships LLC (PPL).
- Not be an employee of the consumer's health plan or the consumer's LDSS Office.

I understand that my job as a DR is to help the consumer with their CDPAP duties, which might include hiring, training and managing the consumer's PAs.

I understand that I may also need to talk to PPL about the consumer.

I understand that as a DR, I must always act in the consumer's best interest.

I understand that as a DR, I must always follow all CDPAP rules.

I understand that I will not be paid to be a DR.

Agree and sign:

I confirm that I have read and agree to everything stated in this Form.

Designated Representative Signature:

Date:

Permission for PPL to send me text messages:

I give PPL permission to send me text messages. I know that carrier charges may apply. Yes No