## CHOSEN REPRESENTATIVE FOR DD SERVICES AND PROGRAMS

[Ohio Revised Code Section 5126.043(B)]

Name (Print or Type Person Receiving Ser	rvice/Program)
Part I CHOSEN REPRESENTATIVE	
I choose this person,(Print or 1 to act as my representative in connection participate in that are provided for or funded Ohio Revised Code.	
This person may, entirely in my place, make seek information, receive information, and resthese services or programs. I authorize Disabilities, the County my providers to release information about the am participating in, or the services or program. I am limiting this delegation of my decision-methods.	ceive any notice and make decisions about the Ohio Department of Developmentary Board of Developmental Disabilities, and e services I am receiving or the programs and I might be eligible for, to this person.
(If no words appear here, there is no limitatio	n)
Signature of Person Receiving Service/Program	Address
Telephone Number (with Area Code)	Date
Signature of Witness	Date

## Part II ACCEPTANCE OF APPOINTMENT

I,that I do not have a financial interest i	_, hereby accept the above appointment. I certify n the decision or decisions I am making or I will	
	concerning the receipt of	
services or participation in a program r	provided or funded pursuant to Chapters 5123 or	
5126 of the Ohio Revised Code.	ordinated of runded pursuant to oriapters 5125 of	
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.		
Signature (Representative)	Address	
Talanhana Numbar (with Araa Cada)	Doto	
Telephone Number (with Area Code)	Date	
Signature of Witness	Date	