



Iowa Department of Health and Human Services
Delegation of Budget Authority

Name of consumer:	State ID/Medicaid number of consumer:
Address of consumer:	

I am participating in the Consumer Choice Option and have chosen to delegate budget authority to the following individual who will act as my personal representative:

Name of personal representative:	Phone number of personal representative:
Address of personal representative:	

By signing this agreement, the personal representative agrees that the personal representative is at least 18 years old, that the personal representative will not be paid to be the personal representative, and that the personal representative is not providing direct service to the consumer. The personal representative shall have authority to act on my behalf on the following tasks:

- ☐ Sign contracts on behalf of the consumer with the persons or entities that will be providing services and supports to the consumer.
- ☐ Determine the amount to be paid for services (except for the Financial Management Service). Please note that the independent support broker cannot be paid more than the rate in Iowa Administrative Code.
- ☐ Schedule the services to be provided to the consumer.
- ☐ Authorize payment for those goods and services identified in the consumer's individual budget that are provided to the consumer (do not approve a timesheet for services that have not been provided).
- ☐ Reallocate funds among goods and services identified in the consumer's individual budget.
- ☐ Create budget on behalf of the consumer (if a ISB has been hired please do not check this box).

A copy of this form must be submitted to the Financial Management Service.

This delegation shall be effective as of the date that it is signed by both parties and shall continue until such time as either the consumer or the personal representative gives written notice that it is being terminated.

Consumer's Signature

Personal Representative's Signature

Date

Date