



APPOINTMENT OF A DESIGNATED REPRESENTATIVE

Member Name	Employer of Record Name	Member CDTN ID

Instructions:

As the Employer of Record (EOR), you may want someone to help you manage your Workers. This is usually a trusted family member or friend. Complete this form if you want to appoint someone to help with your responsibilities. Consumer Direct Care Network Tennessee (CDTN) will be able to discuss your Member’s care with the Designated Representative. Appointing a designated representative is a voluntary decision.

Designated Representative Information:

<i>First Name</i>	<i>Last Name</i>
<i>Date of Birth</i>	<i>Social Security Number</i>
<i>Email Address</i>	

By signing below, I agree to be the EOR’s Designated Representative. I understand CDTN may contact me regarding Member care including Worker time submission. I am allowed to approve Worker time submission on behalf of the EOR.

Signature of Designated Representative: _____ **Date:** _____

By signing below, I, the EOR, appoint and allow the above-named person to act on my account as indicated above.

Signature of EOR: _____ **Date:** _____

Please submit by email or US Mail as shown below:

Email: InfoCDTN@ConsumerDirectCare.com

Mail:

Consumer Direct Care Network Tennessee
44 Vantage Way, Suite 300 B
Nashville, TN 37228

