

November 2, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-77

The purpose of this All-County Letter (ACL) is to provide counties with the new and updated forms for the filing of Authorized Representative information and provides updated information from that which was issued in ACL 18-59 (July 6, 2018).



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

November 2, 2023

ALL COUNTY LETTER NO. 23-77

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES PROGRAM MANAGERS

SUBJECT: **NEW AND REVISED FORMS FOR DESIGNATION OF
AUTHORIZED REPRESENTATIVE**

REFERENCE: [ALL COUNTY LETTER 18-59](#) (JULY 6, 2018); [CALIFORNIA FAMILY CODE SECTIONS 6550 AND 6552](#); [CALIFORNIA PROBATE CODE SECTION 4121](#); [CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 10950, 12300.3, 12305.87\(d\)\(4\), 21000, AND 21001](#); [MANUAL OF POLICIES AND PROCEDURES SECTION 30-776.741](#)

The purpose of this All-County Letter (ACL) is to provide counties with the new and updated forms for the filing of Authorized Representative information and to provide updated information from that which was included in ACL 18-59 (July 6, 2018).

BACKGROUND

Assembly Bill (AB) 1436 (Chapter 707, Statutes of 2015) was signed by Governor Brown on October 9, 2015. AB 1436 added section 12300.3 to the Welfare and Institutions Code (WIC) which required the California Department of Social Services (CDSS) to develop a statewide standardized form and procedures for an In-Home Supportive Services (IHSS) applicant or recipient to designate an authorized representative for purposes of the IHSS program.

In accordance with WIC section 12300.3, the CDSS developed two standardized forms, SOC 839 (*IHSS Program Designation of Authorized Representative*) and SOC 839A (*IHSS Cancellation of Authorized Representative*). Further, the CDSS developed procedures for designation of an authorized representative for purposes of the IHSS

program in consultation with the California Department of Health Care Services, the County Welfare Directors Association of California, representatives of IHSS applicants and recipients, and representatives of IHSS providers.

Under WIC section 12300.3(e), an individual serving as a legal representative for the applicant/recipient is not required to complete the SOC 839 in order to serve as the applicant/recipient's authorized representative. As stated in WIC section 12300.3(e)(3), an applicant/recipient's legal representative includes the following:

- court-appointed conservator of an adult; or
- for an applicant/recipient who is a minor, a parent (biological or adoptive), court-appointed guardian, or other individual determined by the county human services agency to be the legally authorized decisionmaker for the applicant/recipient.

A section of the SOC 839 included the requirement for signatory authorization information for an individual signing Timesheets or other Provider-Related Documents (TPRD). Pursuant to WIC section 12300.3(g), this section was required to be completed if the applicant or recipient authorized an individual to sign TPRD on their behalf even if the individual was not an authorized representative for any other reason other than serving as a signatory of TPRD. Legal representatives acting as the TPRD signatory were required to complete the section of the SOC 839 authorizing them to serve as the signatory of TPRD even though legal representatives were not required to complete the remainder of the SOC 839 to serve as the recipient/applicant's authorized representative.

CLARIFICATION OF LEGAL REPRESENTATIVE

As stated above, a parent or other person determined to be a legally authorized decisionmaker may act as the legal representative for a minor. An individual who can serve as a legally authorized decisionmaker for a minor recipient is a determination made by the county through a review of documentation provided by the individual to the county to verify that status.

Examples of one or more pieces of current documentation that may be submitted to the county can include, but is not limited to:

- a custody order;
- guardianship documentation;
- a Caregiver Authorization Affidavit with items one through eight completed (see Family Code sections 6550 and 6552); or
- a statement signed by a parent granting another person power of attorney of the child. This statement must be either notarized or witnessed by two individuals who are not a party to the power of attorney agreement (see Probate Code section 4121).

If the individual seeking to serve as the legally authorized decisionmaker for a minor recipient has not already been authorized as such by a county social services agency, then the county IHSS office will be in the position of obtaining and reviewing all available documentation to determine if the individual can be considered the legally authorized decisionmaker and, by extension, the legal representative for the minor recipient. This documentation requirement supersedes policy requirements on page three of ACL 18-59 which stated that such documentation was not required to be submitted.

For an adult IHSS recipient, court-appointed conservators may serve as a legal representative, pursuant to WIC section 12300.3(e). These individuals may include spouses/registered domestic partners or other individuals serving as conservators.

Legal representatives may sign their own TPRD, pursuant to WIC section 12300.3(g), if they or the applicant/recipient complete and submit the new *IHSS Designation of Signatory for Timesheets and Other Provider-Related Documents* (SOC 839A) form. Authorized representatives may not sign their own TPRD unless they are also a legal representative. Please note that there is one exception to this limitation. Pursuant to WIC section 12305.87(d)(4) and Manual of Policies and Procedures (MPP) section 30-776.741, spouses/domestic partners can serve as an applicant/recipient's TPRD signatory for the purpose of signing their own *IHSS Recipient Request for Provider Waiver* (SOC 862) without serving as a legal representative; however, spouses/domestic partners cannot sign their own timesheets or other provider-related documents unless they are the applicant/recipient's court-appointed conservator.

COUNTY RESPONSIBILITIES

Counties should review the documentation provided by the individual seeking a determination of legally authorized decisionmaker. If the county determines the documentation provided demonstrates that the individual submitting the documentation is serving as the legally authorized decisionmaker for the minor recipient, the county can make that determination and the individual can be considered the legal representative and sign their own TPRD.

County staff should continue to use standard processes to evaluate an applicant/recipient's potential need for and/or benefit from an IHSS authorized representative. County staff within the IHSS program should be making an assessment only to determine the applicant/recipient's level of need, including functional rankings and number of hours needed for specific tasks. Under WIC section 21000(a), county staff must presume that all adults with disabilities, regardless of age, are competent and have the capacity to make decisions regarding their day-to-day health, safety, welfare, and social and financial affairs unless they are otherwise determined not to be competent through legal proceedings. Such individuals, however, may choose to use supported decisionmaking to assist them in understanding, making, and communicating decisions and to express preferences regarding their own care, including, but not limited to, medical and financial powers of attorney, **authorized representative forms**, health

care directives, release of information forms, and representative payees, as set forth in WIC section 21000(g). In accordance with WIC section 12300.3, the SOC 839 and SOC 839A forms continue to be the appropriate way for an applicant/recipient to designate an authorized representative or TPRD signatory under the IHSS program. Because it is essential that county staff not create barriers that would hinder an applicant/recipient's access to IHSS benefits, if necessary, they should work to provide the applicant/recipient and their family with alternative resources, such as care coordination services, which can assist them in obtaining an authorized representative to assist them in applying for benefits and hiring a provider capable of providing IHSS needs. The county must not require or insist that the family seek a conservatorship over the applicant/recipient in order to process the applicant/recipient's application for IHSS.

As stated in ACL 18-59 (July 6, 2018), counties are responsible for the distribution and collection of the SOC 839 and/or SOC 839A form, which will initially occur during the application to the IHSS program or during the initial assessment. Distribution and collection of the form(s) will also occur as requested by an applicant or recipient, as well as during annual reassessment as needed. During reassessment, the county has the responsibility to ask the applicant or recipient about changes of information regarding the authorized representative. If during reassessment or any other occasion in which an applicant or recipient requests to change information included on the previously submitted form, county staff should provide them with a new SOC 839 form to complete which will replace the previously submitted and filed form and, if necessary, an *IHSS Cancellation of Authorized Representative/Timesheet and Provider-Related Documents (TPRD) Signatory* (SOC 839B) form to cancel the previous authorized representative or TPRD signatory. Otherwise, if an applicant or recipient indicates that they do not need to change information included on the previously submitted form, county staff will make a notation of "no change in Authorized Representative/Timesheet and Provider-Related Documentation Signatory" (or the abbreviation "AR/TPRDS") with the date of notation in the case notes or as part of the narrative in the reassessment interview.

Although an applicant/recipient may have an authorized representative or TPRD signatory, this does not negate the applicant/recipient's right to sign any forms (including TPRD) on their own behalf nor does it deny the applicant/recipient's right to contact and communicate directly with the county IHSS office or Public Authority.

AUTHORIZED REPRESENTATIVE AND STATE ADMINISTRATIVE HEARINGS

As a reminder, the intent of the development of the SOC 839 form pursuant to AB 1436 was to create a form that would be used by all 58 counties in order to maintain consistency in the designation of authorized representatives and TPRD signatories. The SOC 839 form was never intended to be used by an advocate who is assisting an applicant/recipient in some capacity but who is not taking on the responsibility of performing authorized representative services for the applicant/recipient on a permanent basis. If the IHSS applicant/recipient is attempting to authorize an individual to serve as an authorized representative for purposes of representing them at a state

administrative hearing, the applicant/recipient should complete and submit form DPA 19 (*Authorized Representative*) to California State Hearings in compliance with WIC section 10950, call the state hearings division at 800-952-5253, write a letter authorizing representation, or enter the authorized representative in the Appeals Case Management System. Information about authorized representatives for State Hearings can be found through the California Hearings Website at [State Hearings](#). The DPA 19 form can be obtained through this website.

NEW AND REVISED STANDARDIZED FORMS

After further consultation with counties regarding the efficacy of the SOC 839 form, the CDSS has revised the form to remove the TPRD signatory authorization information and created the SOC 839A for applicants and recipients to designate an authorized representative strictly for the purpose of serving as a signatory for TPRD. Separating this signatory authorization of TPRD information into a new form provides more clarity to the authorized representative designation process. An individual, who is not the applicant/recipient's legal representative, is still required to complete the SOC 839 for all authorized responsibilities other than serving as the signatory for TPRD, as defined in this ACL. In addition to timesheets, an individual must complete the SOC 839A in order to sign any of the following documents on behalf of the recipient/applicant:

- *IHSS Program Recipient Designation of Provider* (SOC 426A);
- *IHSS Recipient Request for Provider Waiver* (SOC 862); and
- *IHSS Program Recipient and Provider Workweek Agreement* (SOC 2256).

Due to the addition of the new SOC 839A form, the current SOC 839A (*IHSS Cancellation of Authorized Representative*) has been revised designating it with a new form number, SOC 839B, which can now be used to cancel authorizations made under both the SOC 839 and the SOC 839A.

Both of the revised forms and the new form have been included with this ACL. Counties may begin using all of the revised forms and the new form as of the date of release of this ACL or as soon as administratively feasible. During the interim before the counties have put the revised and new forms into operational use, recipients/applicants may continue to use the previous SOC 839. Recipients/applicants who have the previous version of the SOC 839 on file need not provide a new version of the form(s) until the information has changed.

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to Manual of Policies and Procedures (MPP) Section 21-115.2. For questions on translated materials, please contact Language Services at (916) 651-8876. If

translations are not available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

Per Government Code Section 7290, et seq., the County Welfare Departments (CWDs) must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in MPP Section 21-115 and ACL 19-45.

If you have any questions regarding this ACL, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

LEORA FILOSENA
Deputy Director
Adult Programs Division

Attachments

County IHSS Program Guidance Table
Designation of Authorized Representative (SOC 839) and
Designation of Signatory for Timesheets and Other Provider-Related Documents (SOC 839A)

Relationship to Recipient	IHSS Provider	SOC 839 for Authorized Representative	SOC 839A for Timesheets	SOC 839A for Other Provider-Related Documents*
Legal Representative Conservator Parent, Legal Guardian, or Legal Decision Maker (as determined by county) of Minor Recipient	Yes or No	Not Required to complete to be Authorized Representative	Must complete to be Timesheet Signatory	Must complete to Sign Other Provider-Related Documents
Spouse/Registered Domestic Partner without Criminal Conviction under WIC 12305.81 or 12305.87	Yes	Must complete to be Authorized Representative	Cannot be Timesheet Signatory	Must complete (but only to sign Waiver of Tier 2 conviction (SOC 862))
Spouse/Registered Domestic Partner without Criminal Conviction under WIC 12305.81 or 12305.87	No	Must complete to be Authorized Representative	Must complete to be Timesheet Signatory	Must complete to Sign Other Provider-Related Documents
Spouse/Registered Domestic Partner with a Criminal Conviction under WIC 12305.81 or WIC 12305.87	Yes or No	<i>Cannot be Authorized Representative</i>	Cannot be Timesheet Signatory	Must complete (but only to sign Waiver of Tier 2 conviction (SOC 862))
Any other relationship** without Criminal Conviction under WIC 12305.81 or 12305.87).	Yes	Must complete to be Authorized Representative	Cannot be Timesheet Signatory	Cannot be Signatory for Other Provider-Related Documents
Any other relationship** without Criminal Conviction under WIC 12305.81 or 12305.87).	No	Must complete to be Authorized Representative	Must complete to be Timesheet Signatory	Must complete to Sign Other Provider-Related Documents
Any other relationship** with Criminal Conviction under WIC 12305.81 or 12305.87)	Yes or No	<i>Cannot be Authorized Representative</i>	Cannot be Timesheet Signatory	Cannot be Signatory for Other Provider-Related Documents

*Provider-Related Documents include IHSS Program Recipient Designation of Provider (SOC 426A), IHSS Recipient Request for Provider Waiver (SOC 862), and IHSS Program Recipient and Provider Workweek Agreement (SOC 2256).

**Examples of individuals considered to be “any other relationship” include a recipient’s relative (including parent of an adult child recipient), friend, or neighbor.

IN-HOME SUPPORTIVE SERVICES (IHSS) DESIGNATION OF AUTHORIZED REPRESENTATIVE

Dear IHSS Applicant/Recipient or Legal Representative,

This form allows you, as the IHSS applicant/recipient or their legal representative, to choose an Authorized Representative for the IHSS program. An Authorized Representative is responsible for acting on the behalf of the IHSS recipient for purposes of the IHSS program. This form is **only** for the IHSS program.

If you are going to choose an Authorized Representative, here is some important information about the rules of the IHSS program:

- If you are a legal representative for the applicant/recipient, you can serve as the Authorized Representative for the applicant/recipient without the need to complete this form. However, an SOC 839A must be submitted for a legal representative to authorize and sign Timesheets or other Provider-Related Documents (TPRD). A legal representative for the purposes of the IHSS program is a court-ordered conservator of an adult or a parent/guardian or legally-authorized decisionmaker of a minor.
- If your Authorized Representative will be responsible for signing TPRD, you or your legal representative must submit a SOC 839A – *Designation of Signatory for Timesheets and Other Provider-Related Documents* form to designate the Authorized Representative as the TPRD signatory. However, if your provider is your Authorized Representative, they cannot sign their own TPRD unless they are also your legal representative.
- You or your legal representative can choose a new or add an IHSS Authorized Representative **at any time** by completing a new SOC 839 and submitting it to the IHSS County Office.
- Your Authorized Representative must be 18 years or older.
- You cannot designate an individual, who is not a legal representative, as an Authorized Representative if they have been convicted of or incarcerated following a conviction for certain crimes within the past 10 years.

There are two categories of exclusionary crimes:

- **Tier 1 crimes, as set forth in Welfare and Institutions Code (WIC) section 12305.81, include the following:**
 1. Specified abuse of a child (Penal Code [PC] section 273a[a]);
 2. Abuse of an elder or dependent adult (PC section 368); and
 3. Fraud against a government health care or supportive services program.
- **Tier 2 crimes, as set forth in WIC section 12305.87, include the following:**
 1. A violent or serious felony, as specified in PC section 667.5(c) and PC section 1192.7(c);
 2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c); and
 3. A felony offense for fraud against a public social services program, as defined in WIC sections 10980(c)(2) and 10980(g)(2).

A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

This form does not designate an authorized representative for purposes of state administrative hearings. For more information on how to choose an authorized representative to represent you at a state administrative hearing, call the state hearings division at 800-952-5253.

- Your Authorized Representative may perform all tasks stated on this form. However, you are still responsible for providing all needed information to the county for program eligibility.
- Choosing an Authorized Representative does not exclude you from being actively involved in your own care. **County IHSS program staff will still need to meet with you, as the applicant/recipient, in person to ask questions related to your care and services although the Authorized Representative may also be present.**

Responsibilities of an Authorized Representative

By choosing an Authorized Representative, you or your legal representative agree your Authorized Representative can act on your behalf for the IHSS program. The Authorized Representative listed on this form must act in your best interest. Your Authorized Representative cannot act on your behalf other than for the purposes of the IHSS program and cannot substitute their decisions for yours. Choosing an Authorized Representative does not exclude you from being involved in the management of your own care.

By signing this form, both you or your legal representative and the Authorized Representative agree that the Authorized Representative will perform some or all of the following functions:

- Scheduling interviews and meetings with county IHSS program staff.
- Completing and submitting application forms for the IHSS program.
- Completing and submitting any additional forms and/or providing any needed records or information for IHSS program eligibility.
- Reporting within 10 days to the county IHSS program any changes regarding your eligibility, such as household composition, address, or phone number, or any time you will be away from the home.
- Getting information from the county IHSS program regarding the status of your application and/or continued eligibility, including authorized services and hours.
- Hiring and firing of IHSS provider(s) and reporting this information to the county IHSS office or Public Authority.
- Letting your provider(s) know how to provide services to you for the IHSS program.
- Reviewing your IHSS case file.

You and/or your legal representative will decide what the Authorized Representative will and will not do and are responsible for communicating those responsibilities to the Authorized Representative.

To designate an Authorized Representative, complete this form and submit it to the IHSS County Office. Both you and the Authorized Representative listed on this form must sign Part B. The form cannot be processed if there is missing information.

PART A. DESIGNATION OF AUTHORIZED REPRESENTATIVE

Applicant's/Recipient's Name	IHSS Case Number	Date
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Who is completing this form:

- ☐ I am the above named IHSS Applicant/Recipient.
- ☐ I am the Legal Representative of the Applicant/Recipient. Please designate your relationship as one of the following:
- ☐ Conservator (of an adult)
- ☐ Parent/Guardian/Legally authorized decisionmaker (for a minor child)

As the applicant/recipient of IHSS services, or their legal representative, I give the person listed below consent to act as the Authorized Representative for the IHSS Program.

I understand that the below named individual cannot be an Authorized Representative for the IHSS program if they have been convicted of an exclusionary crime in the last 10 years.

Please provide the following information about the individual being designated as an Authorized Representative:

Authorized Representative's Name		
Street Address		
City	State	Zip Code
Email Address		Telephone Number
Spoken Language		

PART B. APPLICANT/RECIPIENT ACKNOWLEDGMENT

**I understand and agree to follow all of the terms and conditions on this form.
I further acknowledge that the information provided on this form is true and correct.**

Signature of Applicant/Recipient or Legal Representative	Date
Printed Name of Applicant/Recipient or Legal Representative	
Signature of Designated Authorized Representative	Date

A witness or notary public's signature is needed if the applicant/recipient is not physically able to sign the form and places an identifying mark in the signature section. *The designated Authorized Representative cannot serve as the witness.*

Name of Witness/Notary Public	
Signature of Witness/Notary Public	Date

IN-HOME SUPPORTIVE SERVICES (IHSS) DESIGNATION OF SIGNATORY FOR TIMESHEETS AND OTHER PROVIDER-RELATED DOCUMENTS (TPRD)

Dear IHSS Applicant/Recipient or Legal Representative,

This form allows you, as the IHSS applicant/recipient or their legal representative, to choose a Timesheet and Other Provider-Related Documents (TPRD) Signatory for the IHSS program. A TPRD Signatory can sign the IHSS timesheets or other provider-related documents on behalf of the IHSS recipient.

Here is some important information about the rules of the IHSS program related to the TPRD signatory:

- There can only be **one** TPRD Signatory for an IHSS recipient. You can choose a new IHSS TPRD Signatory **at any time** by completing a new form SOC 839A and submitting it to the IHSS County Office. However, a new TPRD Signatory cannot be added to the recipient's case until the previous TPRD Signatory has been cancelled by filing the *IHSS Cancellation of Authorized Representative/ Timesheet and Provider-Related Documents Signatory* (SOC 839B) form.
- A TPRD Signatory must be 18 years of age or older.
- The recipient's IHSS provider cannot be the TPRD Signatory to sign their own timesheets and other provider-related documents unless they are also the recipient's legal representative. A legal representative for the purposes of the IHSS program is a court-ordered conservator of an adult or a parent/guardian or legally-authorized decisionmaker of a minor. There is one exception to this requirement: a recipient's spouse or registered domestic partner can serve as a recipient's designated TPRD signatory but only for the purposes of signing the IHSS Recipient Request for Provider Waiver (SOC 862) without serving as a legal representative.
- If you are the applicant/recipient's legal representative for the IHSS program and will be responsible for signing timesheets or other provider-related documents, you **must** complete this form.
- **You cannot designate an individual, who is not the recipient's legal representative, as a TPRD Signatory if they have been convicted of or incarcerated following a conviction for certain crimes within the past 10 years. There are two categories of exclusionary crimes:**

- **Tier 1 crimes, as set forth in Welfare and Institutions Code (WIC) section 12305.81, include the following:**
 1. Specified abuse of a child (Penal Code [PC] section 273a[a]);
 2. Abuse of an elder or dependent adult (PC section 368); and
 3. Fraud against a government health care or supportive services program.
- **Tier 2 crimes, as set forth in WIC section 12305.87, include the following:**
 1. A violent or serious felony, as specified in PC section 667.5(c) and PC section 1192.7(c);
 2. A felony offense for which a person is required to register as a sex offender pursuant to PC section 290(c); and
 3. A felony offense for fraud against a public social services program, as defined in WIC sections 10980(c)(2) and 10980(g)(2).

A complete listing of Tier 2 crimes is available upon request from the County IHSS Office or IHSS Public Authority.

- A TPRD Signatory **must approve IHSS timesheets electronically**, either through the Electronic Services Portal or the Telephone Timesheet System. For information about electronic timesheets please go to <https://www.cdss.ca.gov/inforesources/esphelp>.

The TPRD Signatory listed on this form must act in the recipient's best interests and is only authorized to sign timesheets or other provider-related documents unless you have appointed them as an Authorized Representative for other purposes within the IHSS program through the completion and filing of the IHSS Designation of Authorized Representative (SOC 839) form. Other provider-related documents include:

- *IHSS Program Recipient Designation of Provider (SOC 426A);*
- *IHSS Recipient Request for Provider Waiver (SOC 862); and*
- *IHSS Program Recipient and Provider Workweek Agreement (SOC 2256).*

To designate a TPRD Signatory, complete this form and submit to the IHSS County Office. Both you and the TPRD Signatory listed on this form must sign Part B. The form cannot be processed if there is missing information or signatures.

PART A. DESIGNATION OF TPRD SIGNATORY

Applicant's/Recipient's Name	IHSS Case Number	Date
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Who is completing this form:

- ☐ I am the above named IHSS Applicant/Recipient.
- ☐ I am the authorized representative of the Applicant/Recipient.
- ☐ I am the Legal Representative of the Applicant/Recipient. Please designate your relationship as one of the following:
- ☐ Conservator (of an adult)
- ☐ Parent/Guardian/Legally authorized decisionmaker (for a minor child)
- ☐ I am the spouse/registered domestic partner of the IHSS Applicant/Recipient and am signing the IHSS Recipient Request for Provider Waiver (SOC 862).

As the applicant/recipient of IHSS services, or their legal representative, I agree that the person below can act as the TPRD Signatory for the IHSS Program.

I understand that the below named individual cannot be a TPRD Signatory for the IHSS program if they have been convicted of an exclusionary crime in the last 10 years. By signing this form, the designated TPRD Signatory is verifying that they have not been convicted of one of these crimes within the last 10 years. This certification does not apply if my TPRD Signatory is my legal representative.

Please provide the following information about the individual being designated as your TPRD Signatory (please note, an email address or a telephone number is required to approve timesheets):

Name of Designated TPRD Signatory		
Street Address		
City	State	Zip Code
Email Address		Telephone Number
Spoken Language		

PART B. APPLICANT/RECIPIENT ACKNOWLEDGMENT

**I understand and agree to follow all of the terms and conditions on this form.
I further acknowledge that the information provided on this form is true and correct.**

Signature of Applicant/Recipient or Legal Representative	Date
Printed Name of Applicant/Recipient or Legal Representative	
Signature of Designated Timesheet Signatory	Date

A witness or notary public's signature is needed if the applicant/recipient is not physically able to sign the form and places an identifying mark in the signature section. *The designated TPRD Signatory cannot serve as the witness.*

Name of Witness/Notary Public	
Signature of Witness/Notary Public	Date

IN-HOME SUPPORTIVE SERVICES (IHSS) CANCELLATION OF AUTHORIZED REPRESENTATIVE/TIMESHEET AND PROVIDER-RELATED DOCUMENTS (TPRD) SIGNATORY

INSTRUCTIONS:

- With this form, the applicant/recipient or their legal representative can cancel an Authorized Representative and/or Timesheet and Provider-Related Documents (TPRD) Signatory. Once this form is processed, the previously designated Authorized Representative and/or TPRD Signatory will not be able to perform any functions on behalf of the applicant/recipient.
- **Complete PART A (CANCELLATION OF AUTHORIZED REPRESENTATIVE) and complete and sign PART B (APPLICANT/RECIPIENT ACKNOWLEDGMENT), then submit this form to the county social worker.**
- The applicant/recipient or their legal representative can choose to replace the Authorized Representative **at any time** by completing a new SOC 839 (*IHSS Designation of Authorized Representative*) and submitting it to the county IHSS office.
- The applicant/recipient or their legal representative can choose to replace the TPRD Signatory **at any time** by completing a new SOC 839A (*IHSS Designation of Signatory for Timesheets and Other Provider-Related Documents*) and submitting it to the county IHSS office.

PART A. CANCELLATION OF AUTHORIZED REPRESENTATIVE

The IHSS applicant/recipient or legal representative must select from one or both of the following options below to choose the type of cancellation for the Authorized Representative/TPRD Signatory:

- ☐ Cancellation of Authorized Representative (Designated in SOC 839)
- ☐ Cancellation of TPRD Signatory (Designated in SOC 839A)

The IHSS applicant/recipient or their legal representative cancels the following individual(s) from serving as the Authorized Representative and/or TPRD Signatory for the IHSS program.

Name of Authorized Representative
Name of TPRD Signatory

PART B. APPLICANT/RECIPIENT ACKNOWLEDGMENT

I understand as the IHSS applicant/recipient or their legal representative that I am cancelling the above-named individual(s) from serving as the applicant/recipient's Authorized Representative and/or TPRD Signatory for the IHSS program.

Name of Applicant/Recipient/Legal Representative	IHSS Case Number
Signature of Applicant/Recipient/Legal Representative	Date

A witness or notary public's signature is needed if the applicant/recipient is not physically able to sign the form and places an identifying mark in the signature section. *The designated Authorized Representative or TPRD Signatory cannot serve as the witness.*

Signature of Witness/Notary Public	Date
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