

Termination of Representative

Participant Name: _____ Case ID: _____

As a participant in the self-directed program, I hereby terminate _____
as my Representative. *Representative's Name*

This termination is effective immediately. By terminating the Representative, this individual may no longer act in any representative capacity in which he or she was previously appointed to the represent me. I understand that unless I appoint another Representative by completing and submitting Palco's Designation of Representative Form, I am confirming that I have both the capacity and ability to act as my own representative. I further agree that I will be responsible for and perform all functions formerly delegated to my Representative.

The appointment of a new Representative can be made at any time, upon proof that such representation is necessary for participant to continue with the SDSB program. To request appointment of a new representative, contact Palco for a new Designation of Representative Form. Please note that use of a Representative is strongly discouraged when you can make your own choices; however, Representatives are permitted when a legal guardian of the person is appointed by a court of law or in the extreme situation in which the participant cannot perform the tasks of an employer.

Participant Signature

Date

