PO Box 13260
Maumelle, AR 72113
Toll Free 877-710-0457
Online: PalcoFirst.com

Participant Authorized Representative Removal Form

Complete this form entirely to remove an authorized representative. If a new authorized representative is being appointed, they must complete the Participant Authorized Representative Appointment Form.

PARTICIPANT INFORMATION			
First Name	Middle Name	Last Name	Medicaid ID #

DESIGNATED AUTHORIZED REPRESENTATIVE INFORMATION		
First Name	Middle Name	Last Name
Social Security Number	Relationship to Participant	
Reason for separation from role		
Will a new Authorized Representative be appointed? ☐ **Yes** I will appoint a new Authorized Representative ☐ **No** I will self-direct my personal care services		

I understand that by removing the above-mentioned person from the role of authorized representative they are no longer authorized to inquire on or manage the participant's services for the Personal Preference Program as of the date of this signed agreement. If the participant opted to self-direct their personal care services, they agree and assume responsibility for managing the program in full as outlined in their Statement of Rights & Responsibilities, until a time a new authorized representative is appointed.

_____ _____

Authorized Representative Printed Name **Participant Printed Name *(required)***

_____ _____

Authorized Representative Signature **Participant Signature *(required)***

_____ _____

Date **Date *(required)***

Please return this form to Palco via email: enrollNJ@palcofirst.com or via fax to 1.877.859.8757