

CONSENT FOR AUTHORIZED REPRESENTATIVE BHSF Form AR

Purpose:

BHSF Form AR is used to obtain the applicant's **signed** consent for authorizations that involve the financial interests of third party representatives such as: individuals employed by Medicaid Providers, LTC facilities, Medicaid Application Centers, law firms, insurance companies, and estate planners, etc. to act on his or her behalf.

This form is not required if the authorized representative of the applicant is the applicant's parent, spouse, curator, legal guardian, or responsible person (a responsible person is a person trusted or depended upon to assist in the care and management of the person or property of a person who has not been declared incompetent to manage his or her own affairs).

Preparation:

Prepare this form as an original and photocopy it for the applicant upon completion, or use the fillable form available on the "BHSF Forms" link on the online Application homepage.

Enter the applicant's name and Social Security number. Do not enter a case identification number.

Enter the specific date the application is signed in the blank of the second paragraph.

Complete the name(s) and phone number(s) of the person(s) authorized to act on the applicant's behalf, or have the applicant do so.

NOTE: *If the applicant chooses to name more than two individuals to provide authorized representation, complete multiple forms.*

Obtain the applicant's signature and date, and signature and date from a witness, if required.

NOTE: *ONLY the signature of the applicant or his or her parent, legally authorized guardian, or curator is acceptable. In NO case may an Application Center Representative complete the signature of the form. DO NOT complete the shaded section of the form titled: "For Agency Use Only:" (refer to Page 2 of BHSF Form AR).*

Disposition:

Forward the completed original **BHSF Form AR** (pages 1 and 2) to the appropriate Medicaid Office **daily**. A copy of page 1 shall be given to the applicant.