



## Authorization for Designated Client Representative

### Read this information first:

You should fill out this form if you want to name another person act on your behalf to file a grievance or an appeal. This person will be your *Designated Client Representative (DCR)*. By signing this form, you give permission to ValueOptions Colorado to share information with your DCR. ValueOptions Colorado will only share information that is important to your grievance or appeal.

Mail this form to: ValueOptions Colorado, 7150 Campus Drive, Suite 300,  
Colorado Springs, CO 80920 or Fax to: 719-538-1433

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### Step 1: Tell us about yourself (or the person receiving services, if a minor). This will help us find that person's records:

1. \_\_\_\_\_ 2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name Date of Birth

3. \_\_\_\_\_ 4. (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address Home Phone Number

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### Step 2: Tell us whether the person you name as a DCR will be helping you with a grievance or an appeal.

7. Check the correct box:
- a. Designated Client Representative for an Appeal
  - b. Designated Client Representative for a Grievance

### Step 3: Tell us who you are naming to act as your Designated Client Representative (DCR):

8. \_\_\_\_\_  
Name of DCR

9. \_\_\_\_\_  
Address of DCR

10. OPTIONAL: date you would like this approval to end: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Step 4: In completing this form, you understand that:**

- You do not have to fill out this form. You will still get all of your Medicaid benefits if you don't want to fill out this form.
- If you sign this form, ValueOptions Colorado does not have control over how your DCR uses your information. If your DCR discloses private information about you, you may no longer be protected by federal privacy laws.
- You can cancel this approval any time by filling out a "Revocation of Authorization" Form and sending it to ValueOptions Colorado. You can get this form by calling us at 1-800-804-5040 or writing us at:

ValueOptions Colorado  
7150 Campus Drive  
Colorado Springs, CO 80920

- You have a right to get a paper or other copy of this signed approval.

**12.** \_\_\_\_\_  
Person receiving services\* \_\_\_\_\_  
Date

**13.** \_\_\_\_\_  
Parent and/or Guardian (if applicable) \_\_\_\_\_  
Date

**14.** \_\_\_\_\_  
Designated Client Representative's relationship\*\* \_\_\_\_\_  
Date

\*Minor Children over the age of 15 must sign the release themselves. Parents cannot sign for children over age 15.

\*\* You can ask anyone to act on your behalf. Telling us how you are related to the DCR will help us serve you better.