



Financial Management Services
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"Creating Opportunities for People"

REPRESENTATIVE DOCUMENTATION

Date: _____

I, _____ give Allied permission to speak with my representative _____, about my plan with the following access: (please initial)

- ___ NO RESTRICTIONS
___ May speak of contents of plan
___ May discuss payroll issues
___ May discuss adjustments to household providers
___ May speak about timesheets
___ May speak about employees
___ May pick up checks
___ May request checks mailed to their house (see address below)
___ Other Restrictions or Access _____

Consumer Signature _____ Date _____

Representative Name: _____
Address: _____
City: _____ State: _____
Zip: _____
Telephone (required): _____

Representative Signature: _____

(For office use only) Program: ___PCA ___ABI ___Elder ___DDS ___APC