

## IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENT TIME SHEET SIGNATURE AUTHORIZATION

RECIPIENT NAME (FIRST	MIDDLE	LAST)	RECIPIENT CASE NUMBER
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This form gives the designated individual the authority to sign timesheets on behalf of the recipient for any provider who is working for the named recipient. The authority of the designated individual is limited to that of timesheet signatory and his/her authority can be terminated at any time at the request of the recipient.

INDIVIDUAL AUTHORIZED TO SIGN TIMESHEET (FIRST	MIDDLE	LAST)	RELATIONSHIP TO RECIPIENT	TELEPHONE NUMBER
AUTHORIZED SIGNATURE			DATE	
RECIPIENT SIGNATURE			DATE	
AUTHORIZED REPRESENTATIVE (IF RECIPIENT CANNOT SIGN ON THEIR OWN BEHALF)			RELATIONSHIP TO RECIPIENT	TELEPHONE NUMBER
SIGNATURE OF AUTHORIZED REPRESENTATIVE			DATE	

### COUNTY USE ONLY

### COMMENTS

SOCIAL WORKER NAME (FIRST	MIDDLE	LAST)	SOCIAL WORKER IDENTIFICATION NUMBER
SOCIAL WORKER SUPERVISOR SIGNATURE			SUPERVISOR APPROVAL DATE