

Authorization of Transfer of Delegation of Responsible Party

I, _____, authorize _____, to act as the responsible party for _____ for the monitoring of personal care services during my absence. This authorization will begin on _____ and end on _____.

(Name of usual Responsible Party) (Name of delegated adult)

(Name of recipient)

(Date) (Date)

_____ will reside at _____

(Name of recipient) (Address)

with _____ during my temporary absence.

(Name of delegated adult)

The delegated adult's address is: _____

The delegated adult's phone number is: (____) _____

In case of emergency I am able to be reached at:

Address: _____

Phone Number: (____) _____

This authorization will automatically terminate on the end date indicated above.

 (Signature of Responsible Party) (Date)

I agree to act as the responsible party for the provision of personal care services to the above named recipient during the above specified period.

 (Signature of delegated adult) (Date)

I have determined that the delegated adult meets the definition of responsible party, understands the recipient's care needs and care plan, and understands the staffing arrangements.

 (Signature of supervising R.N.) (Date)