

PERSONAL CARE ASSISTANCE (PCA)/COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS)

PCA Program Responsible Party Form/ CFSS Participant Representative Agreement

Provider agencies/financial management services (FMS) providers must have each responsible party/participant representative or their delegate complete the following agreement annually. This ensures everyone is aware of their roles and responsibilities. The provider agency/FMS must keep a copy of the completed agreement in the person's file and provide a copy to the person and responsible party or participant's representative.

Completed by responsible party/participant representative

RESPONSIBLE PARTY/PARTICIPANT REP LAST NAME	FIRST NAME	MI	RELATIONSHIP TO PERSON
PERSON'S LAST NAME	FIRST NAME	MI	PERSON'S MHCP ID NUMBER

I agree to be the responsible party/participant representative for the named member for the following time period:
(MM/DD/YYYY) to (MM/DD/YYYY) and agree to (initial each; electronic initials accepted):

- Attend assessments for PCA/CFSS services for the person to help them make informed choices
- Determine if the person's health and safety are assured with the current services
- Help develop the care/service delivery plan
- Actively participate in planning and direction of services
- Verify worker time after services are provided (if applicable)
- Monitor CFSS services to ensure the person's service delivery plan is followed
- Be accessible to the person and worker when services are provided as described here (if applicable)

RESPONSIBLE PARTY/PARTICIPANT REPRESENTATIVE PLAN TO MEET THE IDENTIFIED REQUIREMENTS (Be specific - attach additional pages as needed)

Acknowledgement and signature (check each box)

- ☐ I am at least 18 years of age
- ☐ I am not the owner or manager of the provider agency/FMS
- ☐ I am not a PCA/CFSS worker for this person
- ☐ I am not the qualified professional/supervising professional for this person
- ☐ I am not a staff member of the provider agency/FMS or, if I am, I am related to person by blood, marriage or adoption

I understand that I am responsible for and have agreed to all of the duties outlined on this form.

Check if signing electronically:

- ☐ I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes, 325L.02(h), 325L.05 and 325L.08)

Completed and signed by responsible party/participant representative

RESPONSIBLE PARTY/PARTICIPANT REPRESENTATIVE SIGNATURE		DATE		PHONE NUMBER	
STREET ADDRESS		CITY		STATE	ZIP CODE

The provider agency/FMS is required to make a referral to the child's county (for minors) or the Minnesota Adult Abuse Reporting Center (MAARC) (for adults) for any failure to provide the support as required by the member.

Completed by provider agency/FMS

PROVIDER AGENCY/FMS CONTACT NAME	TITLE		
PROVIDER AGENCY/FMS NAME Nova Home Health Care			DATE

NO ENGLISH



651-431-4300 or 866-867-7655 (toll free)

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ማሳሰቢያ፡- ስለ ዶክመንቱ ነፃ ገለፃ ከፈለጉ፣ ወራተኛዎን ያነጋግሩ። Amharic

انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه. Arabic

মনোযোগ দিন। যদি আপনি বিনামূল্যে এই নথিটির ব্যাখ্যার জন্যে সহায় চান তাহলে উপরোক্ত বাক্সে থাকা নম্বরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។
ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意!如果您需要免費的口譯支持,請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wáŋ. héčínhan niyé wačhínŷAn wayúiyeska ki de wówapi sutá, ečíyA kin wóiyawa ed ophíye waŋ. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

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સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में नि:शुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH



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Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကိၣ်းထံလံာ်တီၢ်လံာ်မိတဖဉ်အသိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖိခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سهرنج بده. نهگهر بۆ وەرگیرانی ئەم بەلگەنامەیە پێویستت بە یارمەتی بێبەرانبەرە، ئەوا پەڕێندێ بەو ژمارەیهوه بکه که له بۆکسهکهی سهر هه دایه Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutîya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanjí thí wíyukčanpi kin yuhá níyunspe héčha čhéya, lé tkíčhun kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕື່ຄວາມເອກະສານນີ້, ໃຫ້ໃບຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

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Mandarin (Simplified Chinese)

P̄alɛ ɾɔ piny: Mi gööri luäk lɔrä kɛ luɔc kä mɛmɛ, ɣɔtni nāmbär ɛmɔ tēē nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe

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Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

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Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደጅ ተቐማሚኩ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

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Àkíyèsí. Tí o bá nílò ìrànlowọ pẹ̀lú tí tú mọ àkòólẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba

LB (7-24)



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