



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DEVELOPMENTAL DISABILITIES ADMINISTRATION

CLIENT REPRESENTATIVE'S NAME AND ADDRESS

Dear:

Our records indicate you have been identified as:

- Guardian of Person
- Durable Power of Attorney (DPOA) for Healthcare decisions

I am writing to request a copy of the Orders Appointing a Guardian and current Letters of Guardianship or the DPOA paperwork verifying your role. DDA is required to verify guardian or DPOA status before allowing someone other than the client to consent to services. It is important that we have this documentation for _____.
CLIENT'S NAME

If you have any questions, I may be reached at _____.
TELEPHONE NUMBER (INCLUDE AREA CODE)

Please send the Orders Appointing a Guardian and current Letters of Guardianship or the DPOA paperwork to the DDA Office listed below:

Thank you.

CASE RESOURCE MANAGER'S NAME AND TITLE

cc: Client File

INSTRUCTIONS

When do I send this form to the legal representative?

You send this form when an individual has been identified as the legal representative for a client and you do not have the Orders Appointing a Guardian and a current copy Letters of Guardianship or DPOA for healthcare in the client's file.