

[Date]

[Name of Service Coordinator, Title]  
[Name of Regional Center]  
[Mailing Address of Regional Center]  
[City, State & Zip of Regional Center]

RE: Appointment of Representative

Dear [Name of Service Coordinator],

I am appointing [Full Name of Representative] as my representative to be notified and copied on all communication rather verbal or written between your agency, [Name of Regional Center], and myself. This includes, but is not limited to meetings regarding changes to my Individual Program Plan or any change, addition or amendment to my existing authorizations for service and/or legal notifications given to me by you or your agency. Further, I request that my representative attend and participate in all meetings I have with your agency. This includes, but is not limited to meetings at your office, meetings at other locations and phone calls to me from your agency.

My representative's address and phone number are:

[Mailing Address]  
[City, State & Zip]  
[Phone number]

For purposes of representing and assisting me, I hereby grant my representative full access to my records and any other documentation you have regarding me.

*Consumer Signature:* \_\_\_\_\_  
*Print Consumer's Name* *Date*

CC: [Name of Representative]  
AB\_\_\_ Client's Rights Advocate