



## **Appointment of representative**

Member information

This form gives or takes away the right of a Representative (a person with legal permission) to act on my behalf and make choices about my non-emergent medical transportation (NEMT) trips. Their choices will be like I'm making the choices myself. This person may receive my trip details from Ride to Care. They may work with Ride to Care and its partners to make choices about my NEMT benefit. This includes sharing my health details with Ride to Care to schedule, cancel or adjust my trip. This person may handle payment details, request public transit fare, change address and other contact info, work with my care team, request special help for me, or assist with my NEMT benefit such as navigating grievances and appeals. This person may receive details about sensitive topics, such as trip details related to treatment for drugs and alcohol, mental health, HIV, or abortion.

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State:	ZIP:
Email:	
State:	ZIP:
Email:	
s Representative n	ated to my NEMT benefits named. ve. I no longer wish for this person
opy of Power of At	torney or other legal
	State: State: State: State: Email: f in any matter relates Representative numbers on named above

Fax completed form to: 800-862-3014 OR Mail to: Ride to Care

10135 SE Sunnyside Rd, #260 Clackamas, OR 97015

Questions about this form? Contact Ride to Care at: 503-416-3955 select option 4





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You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 800-224-4840 or TTY 711. We accept relay calls.