



Appointment of Authorized Agent

This form allows me, as a Mi Via Participant, to choose someone to be my Authorized Agent. My Authorized Agent can be anyone of my choosing; even if they are my Legal Guardian, Power of Attorney (POA), parent or spouse. The person I choose to be my Authorized Agent will be able to help me and will also have my permission to talk to the companies I have chosen on this form. After we (I and my chosen Authorized Agent) sign this form, my Authorized Agent will be able to talk to these companies about me and the Mi Via Program.

This form does NOT allow my Authorized Agent to do the job of the Employer of Record (EOR) as written in the Mi Via Regulation, found in 8.314.6 NMAC. Also, my Authorized Agent may NOT hire or terminate any employee.

After I sign this form, the person I choose will be my Authorized Agent for one (1) year. I understand that my Consultant and I must decide every year if my Authorized Agent should stay as my Authorized Agent. If I want him or her to continue being my Authorized Agent, we will need to fill out a new form every year.

Name of Participant:		Date of Birth:
Last four (4) digits of the Participant's Social Security Number:		
Name of Authorized Agent:	Authorized Agent's Date of Birth:	
Authorized Agent's Street Address:		
City:	State:	Zip Code:
Relationship to Participant:		Telephone Number:
Last four (4) digits of Authorized Agent's Social Security Number:		
I agree to be the Authorized Agent for this participant		
Signature:		Date:

These companies can give my Authorized Agent information about me on the Mi Via Program.

The Participant must check the checkboxes and also write their initials next to each company so that the company can provide information to the Authorized Agent.

- ___ Financial Management Agency (FMA): ACS
Phone: 866-916-0310

- ___ Third Party Assessor (TPA): Molina
Phone: 866-916-3250

- ___ Consultant Agency: _____
(Consultant agency name)
Phone: _____

Authorization Signature

I understand that by completing and signing this form, I give my permission to the companies shown above to give information to my Authorized Agent. After both my Authorized Agent and I sign this form, my Authorized Agent will be able to get information about me on the Mi Via Program; but he or she will NOT be able to make decisions for me. For example, my Authorized Agent will not be able to hire or terminate any employee. My Authorized Agent will also NOT be able to sign any paperwork for me as the Employer of Record (EOR). Even though I have an Authorized Agent, my mail will still be sent to me. If I want to stop having mail sent to me and I want it to be sent to someone else, I will send a letter to ACS with the name and address of where I want my mail to be sent. I also understand that if I want to stop someone from being my Authorized Agent, I will contact ACS and let them know I no longer want this person to be my Authorized Agent.

I have read and understand the above information.

Signature of Participant /Legal Guardian/POA/Parent (if Participant is a minor):

Date:

Note: Expiration Date is one (1) year from the signature date.

I understand that if the information on this form is not complete it will be returned to me to make corrections. The person I have chosen will not start as my Authorized Agent until this form has been filled out correctly with all the necessary information.

I understand that I can have more than one Authorized Agent. If I want more than one person to be my Authorized Agent, I will fill out a form for each person. If I need more forms, I can get them from ACS-FMA or my Consultant.