

# Appointment of representative

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 TransLink. They may work with TransLink and its partners to make choices about my NEMT benefit. This includes sharing my health details with TransLink 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. This person may receive details about sensitive topics, such as trip details related to treatment for drugs and alcohol, mental health, HIV or abortion.

Member information	
Name:	_____
Date of birth:	_____
Member ID:	_____
Address:	_____
City:	_____ State: _____ ZIP: _____
Phone#:	_____ Email: _____
Representative information	
Name:	_____
Relationship to member:	_____
Address:	_____
City:	_____ State: _____ ZIP: _____
Phone#:	_____ Email: _____

- The person named above may act on my behalf in any matter related to my NEMT benefits provided by OHP. This will replace any previous Representative named.**
- I revoke the previous permission given to the person named above. I no longer wish for this person to act on my behalf.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

*If anyone signs for the member, please provide a copy of Power of Attorney or other legal document giving that permission.*

Representative signature: \_\_\_\_\_

**Fax completed form to:** 541-842-2063 **OR Mail to:** TransLink  
239 E Barnett Rd  
Medford, OR 97504

**Questions about this form?** Contact TransLink at: 541-842-2060

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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 855-722-8208 or TTY 711. We accept relay calls.