

**Agency With Choice Financial Management Services  
Managing Employer**

**EMERGENCY BACK-UP "QUALIFIED" SUPPORT SERVICE WORKER (SSW)  
and/or NATURAL SUPPORT<sup>1</sup> DESIGNATION FORM**

*(Please complete one form for each Emergency Back-up "Qualified"  
Support Service Worker or Natural Support Person.)*

Managing Employer *(Individual or Surrogate Name – Circle One):*

\_\_\_\_\_  
Name of Individual Receiving Services: \_\_\_\_\_

Name of Qualified SSW: \_\_\_\_\_

Phone Number of SSW: (     ) \_\_\_\_\_

Name of Natural Support Person: \_\_\_\_\_

Phone Number of Natural Support Person: (     ) \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Description of Times Available and Services to Be Provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ understand and accept the responsibilities  
*(Name of Emergency Back-up "Qualified" SSW or Natural Support Person)*  
indicated above as Emergency Back-up "Qualified" SSW or Natural Support Person.

\_\_\_\_\_  
*(Signature of Emergency Back-up "Qualified" SSW or Natural Support Person)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Managing Employer)*

\_\_\_\_\_  
*(Date)*

Copy to: SSW / Natural Support Person, Individual's Support Coordinator, Agency with Choice ISO *(as applicable)*,  
AE/County Program *(as applicable)*

<sup>1</sup> Natural supports are non-paid supports provided to participants by friends, family and others.