TEXAS Health and Human Services

Form 1721
January 2007-E

Consumer-Directed Services

Revocation of Appointment of Designated Representative

Individual's Name	Medicaid No.
Employer's Name	

Relationship of Employer to Individual Receiving Services:

☐ Self ☐ Court-Appointed Guardian ☐ Parent of a Minor

☐ Other Legally Authorized Representative (LAR): _____

I, _____ , the employer, will fulfill all employer responsibilities **without** the use of a designated representative (DR). This revocation of use of a DR is effective on (date) _____ .

Employer:		**Witness (required):**	
Printed Name	_____	Printed Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____