

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 NW Rides. They may work with NW Rides and its partners to make choices about my NEMT benefit. This includes sharing my health details with NW Rides 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: 503-815-2834 **OR Mail to:** NW Rides
 3600 3rd Street, Suite A
 Tillamook, OR 97141

Questions about this form? Contact NW Rides at: 503-861-0657

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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 855-722-8206 or TTY 711. We accept relay calls.