



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

Acknowledgment of Receipt of Verbal Consent to Sign

Please agree to the statements in this form if you would like a Limited Authorized Representative to sign your Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+) application or renewal for you. You must agree to statements in this form if you want to complete your application or renewal without signing it yourself.

This form only allows the Limited Authorized Representative to sign your application or renewal for you. It does **not** give the Limited Authorized Representative permission to sign anything else or make any other decisions on your behalf.

Applicant or Member Name: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date: _____

This form must be submitted along with the application or renewal for Health First Colorado or CHP+. This form is required to give a Limited Authorized Representative permission to sign an application or renewal on behalf of the applicant.

- If an applicant or member is applying or renewing online at [Colorado.gov/PEAK](https://colorado.gov/PEAK), the Limited Authorized Representative will sign and upload this verbal consent form with the application or renewal.
- If an applicant or member is submitting a paper application or renewal to a Certified Medical Assistance site, the site will submit this consent form along with the paper application or renewal.

The Limited Authorized Representative's signature on this form certifies the following:

(Limited Authorized Representatives must read and inform the applicant of the following)

1. You (the applicant) understand the purpose of this form and allow me (the Limited Authorized Representative) the limited authority to sign this application or renewal for Medical Assistance.
2. You (the applicant) understand you can revoke this authorization at any time. Contact your county department of human services if you decide you don't want the Limited Authorized Representative to sign applications or renewals for you in the future.
3. You (the applicant) will receive a copy of this consent form.

The Limited Authorized Representative signature (typed or handwritten) certifies:

- The Limited Authorized Representative read the three statements above to the applicant.
- The applicant understands the statements and authorizes the Limited Authorized Representative to sign their application or renewal.

Limited Authorized Representative Name: _____

Signature: _____ **Date:** _____