



**AUTHORIZATION OF PERMANENT TRANSFER  
OF RESPONSIBLE PARTY FUNCTION**

I, \_\_\_\_\_, authorize \_\_\_\_\_, to act as the responsible  
( Responsible Party) (New Permanent Responsible Party)

party for \_\_\_\_\_ for the provision of personal care services effective \_\_\_\_\_.  
(Name of Recipient) (date)

\_\_\_\_\_ resides at: \_\_\_\_\_  
(New Responsible Party) (New Responsible Party's Street Address, City, State, Zip)

and their phone number is: \_\_\_\_\_. In case of emergency, \_\_\_\_\_  
(New Responsible Party's Phone Number) (Former Responsible Party)

can be reached at: \_\_\_\_\_  
(Former Responsible Party's Street Address, City, State, Zip)

and my phone number is: \_\_\_\_\_.  
(Former Responsible Party's Phone Number)

I understand that per DHS regulations, the Responsible Party must be at least 18 years of age, available during a PCA's scheduled shift and cannot perform PCA services. I understand that the recipient's PCAs cannot work over the assessed hours. I also understand that the recipient's PCAs cannot work overtime without prior approval from A+. I, the new, permanent Responsible Party, agree to act as the responsible party for the provision of personal care services to the above named recipient. I agree to comply with all A+ Home Care, Inc. policies per the Client & PCA Handbook.

\_\_\_\_\_  
Signature of *Former* Responsible Party Date

\_\_\_\_\_  
Signature of *New* Responsible Party Date

I have determined that the delegated adult meets the definition of responsible party, understands the recipient's care needs and care plan, and understands the staffing arrangements.

\_\_\_\_\_  
Signature of QP Date

ENCL: CLIENT/PCA HANDBOOK, PCA TIMECARD & INSTRUCTIONS FOR COMPLETING TIMECARD

CC: client file, payroll, personnel

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**Providing Professional Personal Care Services since 1988**