

## Client Consent for the Use of a Proxy Home and Community-Based Services (HCBS CAHPS) Survey

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This form allows someone else to take the HCBS CAHPS Survey for you. This person is called a proxy. Signing below means that you would like the proxy you identify below to answer the questions in this survey as you would answer them.

**What is a Proxy?** A proxy is someone that you choose who:

- Will take the HCBS CAHPS Survey on your behalf.
- Knows about the home and community-based services and supports you are receiving.
- Has ongoing and regular contact with you.

**A proxy cannot be someone who is paid to provide your  
home or community-based services or supports.**

A family member, friend, or guardian may be a proxy for you, as long as he or she is not being paid to provide you with home or community-based services.

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My signature means that I would like the person I have named below to take the HCBS CAHPS Survey on my behalf. I understand that:

- I may be present when my proxy is taking the HCBS CAHPS Survey, if I like.
- If I am present when my proxy is participating in the HCBS CAHPS Survey, I may answer any questions that are asked if I would like to do so.

My Proxy's Name: \_\_\_\_\_  
*First Name* *Last Name*

Relationship of Proxy to Me: \_\_\_\_\_

Phone Number of My Proxy \_\_\_\_\_  
*Or tell us how to reach your Proxy*

\_\_\_\_\_  
*My Printed First Name*

\_\_\_\_\_  
*My Printed Last Name*

\_\_\_\_\_  
*My Signature*

\_\_\_\_\_  
*Date*

**PLEASE FAX THIS CONSENT FORM TO 952-942-0747  
OR MAIL IT TO:  
VITAL RESEARCH, 6380 WILSHIRE BLVD, STE 1700  
LOS ANGELES, CA 90048**

If you have any questions about the HCBS CAHPS Survey, call Information Specialists Group toll-free: 800-439-3185 (please ask for extension 156).