

**ARIZONA DEPARTMENT OF  
ECONOMIC SECURITY  
Family Assistance Administration  
AUTHORIZED REPRESENTATIVE  
REMOVAL**

**NA CA MA TC**

**Case Name (*Last, First, M.I.*):**

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**Case Number/HEA ID:**

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

**You can remove a person as your Authorized Representative at any time. Removing a person's permission to be your Authorized Representative does NOT affect any action taken or information provided by the Authorized Representative while the Authorized Representative had permission to act on your behalf.**

**See page 5 for USDA/EOE/ADA/  
LEP/GINA disclosures**

## **REMOVE AUTHORIZED REPRESENTATIVE**

**I want to remove the person identified below as my Authorized Representative. I understand that this person will no longer be able to:**

- **Complete my application, forms and other Department paperwork for me.**
- **Attend eligibility interviews and conduct telephone eligibility interviews for me.**
- **Provide my proof of income, resources and other case information, and report and verify changes in my case circumstances for me.**
- **Receive my notices and other mail from the Department for me.**
- **Get any of my case information from the Department.**

## **AUTHORIZED REPRESENTATIVE INFORMATION**

**Person's Name (*Last, First, M.I.*):**

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**Person's Mailing Address  
(*No., Street*):**

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**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Person's Phone Number  
(*Include area code*):**

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## **CLIENT'S SIGNATURE**

**Please read the following statements carefully. Your signature below means you have read, understand and accept these statements.**

- I certify that I have read and understand the information on this form.**

- **I understand that I am responsible for any errors, omissions or inaccurate information that my Authorized Representative reported to the Department of Economic Security while the Authorized Representative had permission to act on my behalf.**
- **I understand that I must notify the Department of Economic Security, in writing, if I need to appoint a new Authorized Representative.**

**Client's Signature:** \_\_\_\_\_

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

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- Free language assistance for DES services is available upon request.**
- Disponible en español en línea o en la oficina local.**