

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

**Case Name
(Last, First, M.i.)**

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**Continue to pages 13 and
19 - Both you and your
authorized representative
must sign this form.**

**Case Name
(Last, First, M.i.)**

Case No. _____

**AZTECS Case Number /
HEA ID Number**

Date _____

**You may choose
an Authorized
Representative to
help you with the**

**See page 21-22 for
USDA/EOE/ADA/LEP/
GINA disclosures**

Case Name
(Last, First, M.i.)

Case No. _____

requirements of applying for or getting benefits. An Authorized Representative is a friend, relative or other person who has a concern for your well-being. An Authorized Representative is a person you choose. We will not choose one for you. The

**Case Name
(Last, First, M.i.)**

Case No. _____

person you choose must agree to help you. An agency cannot act as an authorized representative, but an individual at an agency can. An Authorized Representative must be an adult non-budgetary unit member. An Authorized Representative may

Case Name
(Last, First, M.i.)

Case No. _____

go to interviews for you. They may fill out an application form and other paperwork for you. They may also report changes in your income, resources or other changes for you.

**AUTHORIZED
REPRESENTATIVE**

**I want the person
identified below**

**Case Name
(Last, First, M.i.)**

Case No. _____

**as my Authorized
Representative. I
understand that this
person will be able to:**

- **Complete my
application, forms
and other Department
paperwork for me.**
- **Attend eligibility
interviews and conduct
telephone eligibility
interviews for me.**

Case Name
(Last, First, M.i.)

Case No. _____

- **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**

Case Name
(Last, First, M.i.)

Case No. _____

**AUTHORIZED
REPRESENTATIVE
INFORMATION**

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

Person's Phone Number
(Include area code)

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

Case Name
(Last, First, M.i.)

Case No. _____

City _____

State _____

ZIP Code _____

**This person is known
to me as** *(Your
relationship to this person)*

**The reason I or my
spouse cannot be
interviewed is**

Case Name
(Last, First, M.i.)

Case No. _____

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.**

Case Name
(Last, First, M.i.)

Case No. _____

- ***I certify* that the person I chose to be my Authorized Representative is an adult who is sufficiently aware of my family's financial and other household circumstances to give any information required by the Nutrition Assistance**

Case Name
(Last, First, M.i.)

Case No. _____

Program.

- ***I understand* that I am responsible for any incorrect information given by my representative and may be prosecuted for fraud and be fined and/or sent to jail.**
- ***I understand* that the person I named as my Authorized**

Case Name
(Last, First, M.i.)

Case No. _____

**Representative
will continue to
act for me until I
revoke, in writing,
the Authorized
Representative's
permission to
represent me.**

Client's Signature

Date _____

Case Name
(Last, First, M.i.)

Case No. _____

**AUTHORIZED
REPRESENTATIVE
SIGNATURE**

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

- ***I certify that I have***

Case Name
(Last, First, M.i.)

Case No. _____

**read and understand
the information on
this form.**

- ***I agree to accept the duties on this form.***
- ***I understand that I must give proof of my identity to act as an Authorized Representative.***
- ***I understand that if I have been disqualified***

Case Name
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from Nutrition Assistance for an intentional program violation, I cannot act as an Authorized Representative unless there is no one else suitable to represent this individual.

- ***I understand that the Department of Economic Security***

Case Name
(Last, First, M.i.)

Case No. _____

has the authority to discontinue my ability to act as an Authorized Representative if it is determined that I am not acting in the best interest of the household I am assisting.

- ***I understand that I may be held***

Case Name
(Last, First, M.i.)

Case No. _____

**personally liable if
it is found that I,
as an Authorized
Representative,
am responsible
for causing an
overpayment to the
household that I
represent.**

- ***I understand that I
will be required to
update my information***

Case Name
(Last, First, M.i.)

Case No. _____

**with the Department
of Economic Security
each time the
household I assist
applies for a renewal
of Nutrition Assistance
benefits.**

**Authorized
Representative's Signature**

Case Name
(Last, First, M.i.)

Case No. _____

Authorized
Representative's
Printed Name

Date _____

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