

**ARIZONA DEPARTMENT  
OF ECONOMIC SECURITY  
Family Assistance  
Administration  
NUTRITION ASSISTANCE  
(NA) AUTHORIZED  
REPRESENTATIVE  
REQUEST**

**Case Name:**

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**Case Number:**

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**See pages 18-23  
for USDA/EOE/ADA  
disclosures**

**You may choose an Authorized Representative, an adult non-household member, to help you with the 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 person you choose**

**must agree to help you. An agency cannot act as an authorized representative, but an individual at the agency can act as your representative. This individual will be able to assist you in the following ways:**

- **Complete your application, forms, and other department paperwork for you.**
- **Complete eligibility interviews in person or on the telephone**

**for you.**

- **Provide your proof of income, resources, and other case information.**
- **Report and verify changes in your case circumstances for you.**
- **Receive your notices and other mail from the department for you.**

# **AUTHORIZED REPRESENTATIVE INFORMATION**

**I want the person named  
below as my Authorized  
Representative:**

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

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

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|                |             |
|----------------|-------------|
| <b>Home</b>    | <b>Cell</b> |
| <b>Message</b> | <b>Work</b> |

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

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

**State:** \_\_\_\_\_

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

**My Authorized  
Representative's  
preferred language is:**

**Spoken:      English**

**Spanish**

**Other:**

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**Written: English**  
**Spanish Other:**

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

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**When a legal guardian has been appointed for the adult only applicant in the household, the applicant's signature is not required for the legal guardian to be appointed as an authorized representative.**

**Only the authorized representative's signature is needed.**

**AUTHORIZED  
REPRESENTATIVE  
AUTHORIZATION**

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



**Applicant:**

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

**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 Department of Economic Security.**

**I understand that if my NA Authorized Representative is currently serving an NA intentional program violation (IPV):**

**I will select another person to serve as my NA Authorized Representative.**

**This is the only person that is available to be my NA Authorized Representative.**

**I understand that I am responsible for any**

**incorrect information given by my representative.**

**I understand that I may be fined, prosecuted, or imprisoned for any program fraud committed by my representative.**

**I understand that the person I named as my Authorized Representative will continue to act for me until I revoke, in writing, permission to represent me.**

**Authorized  
Representative:**

**I certify that I have 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 am currently disqualified from NA for an intentional program (IPV), I cannot act as a**

**NA Authorized Representative unless there is no one else suitable to represent this individual.**

**Please provide your date of birth \_\_\_\_\_**

**and check one of the following boxes:**

**I am currently serving a disqualification for a NA IPV.**

**I am not currently serving a disqualification for NA for an IPV.**

**I understand that the Department of Economic Security (DES) 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 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 with the Department of Economic Security (DES) each time the household I assist applies for a renewal of Nutrition Assistance (NA) benefits.**

**If I am determined eligible, this NA authorization will stay in effect until I or my representative tells you to stop it. This authorization will expire when my application for assistance is withdrawn or denied, or when my eligibility ends. However, this authorization will continue during any time while I am contesting my eligibility in an administrative hearing or court proceeding.**



**Applicant's Signature:**

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

**Authorized  
Representative's  
Signature:**

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

**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through**

**the Federal Relay Service at (800) 877-8339.**

**To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The**

**letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**

- 1. mail:  
Food and Nutrition**

**Service, USDA  
1320 Braddock  
Place, Room 334  
Alexandria, VA  
22314; or**

**2. fax:  
(833) 256-1665 or  
(202) 690-7442; or**

**3. email:  
[FNSCIVILRIGHTS  
COMPLAINTS@  
usda.gov](mailto:FNSCIVILRIGHTS<br/>COMPLAINTS@<br/>usda.gov)**

**This institution is an  
equal opportunity  
provider.**

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**To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.**