

## NUTRITION ASSISTANCE (NA) AUTHORIZED REPRESENTATIVE REQUEST

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

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.*) \_\_\_\_\_

Person's Phone Number (*include area code*) \_\_\_\_\_ Home    Cell    Message    Work

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

My Authorized Representative's preferred language is:

Spoken:    English    Spanish    Other: \_\_\_\_\_

Written:    English    Spanish    Other: \_\_\_\_\_

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

### AUTHORIZED REPRESENTATIVE AUTHORIZATION

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

<p><b>Applicant:</b></p> <p><b>I certify</b> that I have read and understand the information on this form.</p> <p><b>I certify</b> 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.</p> <p><b>I understand</b> that if my NA Authorized Representative is currently serving an NA intentional program violation (IPV):</p> <p style="padding-left: 20px;">I will select another person to serve as my NA Authorized Representative.</p> <p style="padding-left: 20px;">This is the only person that is available to be my NA Authorized Representative.</p>	<p><b>Authorized Representative:</b></p> <p><b>I certify</b> that I have read and understand the information on this form.</p> <p><b>I agree</b> to accept the duties on this form.</p> <p><b>I understand</b> that I must give proof of my identity to act as an Authorized Representative.</p> <p><b>I understand</b> that if I am currently disqualified from NA for an intentional program violation (IPV), I cannot act as a NA Authorized Representative unless there is no one else suitable to represent this individual.</p> <p>Please provide your date of birth _____ and check one of the following boxes:</p> <p style="padding-left: 40px;">I am currently serving a disqualification for a NA IPV.</p> <p style="padding-left: 40px;">I am not currently serving a disqualification for NA for an IPV.</p>
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<p><b>I understand</b> that I am responsible for any incorrect information given by my representative.</p> <p><b>I understand</b> that I may be fined, prosecuted, or imprisoned for any program fraud committed by my representative.</p> <p><b>I understand</b> that the person I named as my Authorized Representative will continue to act for me until I revoke, in writing, permission to represent me.</p>	<p><b>I understand</b> 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.</p> <p><b>I understand</b> 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.</p> <p><b>I understand</b> 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.</p>
<p>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.</p>	
<p>Applicant's Signature: _____ Date: _____</p>	<p>Authorized Representative's Signature: _____ Date: _____</p>

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