ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration
AUTHORIZED REPRESENTATIVE REMOVAL

- ☐ **Nutrition Assistance**
- ☐ **Cash Assistance**
- ☐ **Medical Assistance**
- ☐ **Tuberculosis Control**

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

_____

Case Number:

_____

HEAplus App ID:

_____

Date: _____

See pages 5-7 for USDA/EOE/ADA disclosures

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.

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.)*:

_____

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

_____

City: _____

State: _____ **ZIP Code:** _____

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

_____

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: _____

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:**
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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.