

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

**NUTRITION ASSISTANCE
AUTHORIZED REPRESENTATIVE REMOVAL**

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| CASE NAME <i>(Last, First, M.I.)</i> | CASE NO. | DATE |
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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

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| PERSON'S NAME <i>(Last, First, M.I.)</i> | PERSON'S PHONE NUMBER <i>(Include area code)</i> |
| PERSON'S MAILING ADDRESS <i>(No., Street, City, State, ZIP Code)</i> | |

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.

| | |
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| CLIENT'S SIGNATURE | DATE |
|--------------------|------|

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