

AUTHORIZED REPRESENTATIVE REQUEST FORM

DATE: _____

CASE NAME: _____

CASE RECORD NUMBER: _____

THE BELOW NAMED INDIVIDUAL IS DESIGNATED AS MY
AUTHORIZED REPRESENTATIVE FOR THE FOLLOWING BENEFITS:

CASH

FOOD STAMPS

BOTH

SIGNATURE: _____

PHONE NUMBER: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

AUTHORIZED REPRESENTATIVE REQUIRED INFORMATION

FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE OF AUTHORIZED REPRESENTATIVE