

AUTHORIZED REPRESENTATIVE REQUEST FORM

CASE NAME: _____ DATE: _____

CASE RECORD NUMBER: _____

I understand that I may be held liable for misuse of the EBT card by the authorized representative.

RECIPIENT'S SIGNATURE: _____ PHONE NUMBER: _____

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

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

AUTHORIZED REPRESENTATIVE REQUIRED INFORMATION

FIRST NAME _____ M.I. _____ LAST NAME _____

SOCIAL SECURITY NUMBER (OPTIONAL) _____ DATE OF BIRTH (OPTIONAL) _____

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

I understand I may not:

- Trade, sell, or buy EBT card or SNAP benefits; use SNAP benefits to buy and dump food containers to receive deposits; buy things not covered by SNAP, such as alcohol, tobacco and other non-food products; or use SNAP benefits to pay for food already received or food on credit.
- Buy a product with SNAP benefits with the intent of reselling the product for cash or consideration other than eligible food.
- Buy products purchased with SNAP benefits in exchange for cash or consideration other than eligible food.
- Use or receive SNAP benefits to buy drugs or controlled substances.
- Use or receive SNAP benefits in the sale of firearms, ammunition, or explosives.
- Use the EBT card to complete transactions in liquor stores, casinos (gambling casinos, gaming establishments), or places for adult entertainment.

I understand I must use the EBT or the PA ACCESS card only for the person who is eligible and may only get benefits that are needed and reasonable.

- An authorized representative may be penalized by fine, prison, or both for misuse of the EBT or PA ACCESS card.
- An authorized representative may be disqualified for up to one year if they misrepresent the household's circumstances, knowingly provide false information or improperly use benefits (7 CFR 273.2(n)(4)(i)).

Privacy Act Notice Authority: 42 U.S.C. § 405(c)(2)(C)(i) authorizes the collection of this information.

Purpose: The Department of Human Services ("DHS") will use this information to identify, assess, and monitor authorized representatives who are using Electronic Benefits Transaction ("EBT") cards on behalf of recipients.

Routine Uses: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to EBT card usage. Additionally, DHS may share the information with other government agencies or in reports to legislative representatives as required by federal or Pennsylvania law.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your application to become an authorized representative for EBT card usage, which may prevent or delay your ability to access the recipient's funds.

SIGNATURE OF AUTHORIZED REPRESENTATIVE