



AUTHORIZED REPRESENTATIVE
State Form 53460 (R2/10-08)/FI 2123



DFR03AE01



Instructions: Complete and sign this form if you wish to authorize someone other than yourself to apply for benefits on your behalf, be interviewed on your behalf, receive copies of notices sent to you or assist you in communication with the Family and Social Services Administration (FSSA). The person you authorize to act on your behalf or receive information about your benefits must sign, date, and provide their address on this form. You may authorize someone different for each benefit you are applying for or receiving and designate what activities they may complete for you. You may select an Authorized Representative for any benefit you apply for or receive. Complete the sections below to select your Authorized Representative(s). Check the box for each activity you want this person to complete for you.

1. Applicant/Recipient Name (print) _____

Case Number: _____ Applicant/Recipient SSN: _____ Date of Birth: _____

2. Cash Assistance: I want _____ to:

apply on my behalf be interviewed on my behalf receive copies of notices sent to me
 report changes for me and receive information about my Cash Assistance

a. Applicant/Recipient Signature: _____ Date: _____
b. Authorized Representative Signature: _____ Date: _____
c. Authorized Representative Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

3. Food Stamps: I want _____ to:

apply on my behalf be interviewed on my behalf receive copies of notices sent to me
 receive and use Food Stamps on behalf of my household
 report changes for me and receive information about my Food Stamps

a. Applicant/Recipient Signature: _____ Date: _____
b. Authorized Representative Signature: _____ Date: _____
c. Authorized Representative Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____





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4. **Health Coverage:** I want _____ to:

- apply on my behalf be interviewed on my behalf receive copies of notices sent to me
- report changes and remain my representative if my application is approved

a. Applicant/Recipient Signature: _____ Date: _____

b. Authorized Representative Signature: _____ Date: _____

c. Authorized Representative Mailing Address:

City: _____ State: _____ Zip Code: _____ Phone Number: _____

5. Witness Signature if Applicant/Recipient Signs with an X:

