

Hamilton County Department of Job and Family Services

Authorized Representative Designation

Applicant/Recipient's Name:	Case Number:	Date:
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DIRECTIONS: This form is to be signed by the applicant/recipient listed above who is designating an Authorized Representative to act on their behalf. See the NOTE below concerning deceased or incompetent individuals.

My signature below designates the person listed below as my Authorized Representative.

Name of designated Authorized Representative:	Phone:
Address of Authorized Representative:	

I understand that my Authorized Representative must be 18 years of age or older and that as my Authorized Representative (s)he may be required to fulfill the duties I have checked below.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	File an application on my behalf;
<input type="checkbox"/>	<input type="checkbox"/>	Represent me in an interview;
<input type="checkbox"/>	<input type="checkbox"/>	Receive instructions and/or correspondence on my behalf;
<input type="checkbox"/>	<input type="checkbox"/>	Explain my Rights and Responsibilities to me;
<input type="checkbox"/>	<input type="checkbox"/>	Provide information, documentation, and/or verification about my case as determined necessary by the Department of Job and Family Services; and/or
<input type="checkbox"/>	<input type="checkbox"/>	Represent me in a State or local Hearing.
<input type="checkbox"/>	<input type="checkbox"/>	Other: <i>(specify)</i>

I understand that it is my responsibility to notify the Department of Job and Family Services of any change in the named Authorized Representative.

I further understand that in situations where my Authorized Representative provides incorrect or fraudulent eligibility information, I may be held liable for any overpayments of assistance which occur as a result of that information.

Signature of Applicant/Recipient:	Date:
Address:	Phone:

FOR AGENCY USE ONLY BELOW THIS LINE

NOTE: When written authorization cannot be obtained because of the applicant/recipient's incompetency or incapacity, the written statement may be waived. In this situation, the agency may assist in naming a responsible party to act as authorized representative for the assistance group. In the case of deceased individuals, an authorized representative may only be designated by the executor, guardian, or responsible family member of the deceased (and verification of that authorization is required).

Specify both the **reason** and the **means of verification** of the applicant/recipient's inability to participate in the eligibility determination process in the space below:

REASON:	HOW VERIFIED:
HCJFS Employee's Signature:	District: