



# AUTHORIZED REPRESENTATIVE DESIGNATION

Individual/Assistance Group	Case Number/CAT/SEQ
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I hereby designate \_\_\_\_\_ residing at \_\_\_\_\_  
Name  
 \_\_\_\_\_ to act as my authorized representative.  
Address

- TO: (check one or both boxes)  Be interviewed in my place  
 Receive and use the food assistance on behalf of my household

The reason I or my spouse cannot be interviewed is:

- Working hours are the same as food assistance office hours  Health reasons  Transportation problems  
 Other problems – explain: \_\_\_\_\_

This individual is an adult who is sufficiently aware of my family's financial and other household circumstances to give any information required by the Food Assistance Program. I understand that I am responsible for any incorrect information given by my representative and may be prosecuted for fraud and be fined and/or sent to jail.

\_\_\_\_\_  
Date  
 \_\_\_\_\_  
Witness if signed with an X

\_\_\_\_\_  
Signature  
 \_\_\_\_\_  
Witness if signed with an X

## Request For Waiver Of Food Assistance Office Application Interview

I am unable to appoint an authorized representative or have an adult member of my household attend the food assistance application interview because all adult household members are:

- 65 years of age or older  Mentally or physically handicapped  
 Other (such as illness, care of a household member, working hours, transportation problems)

Explain: \_\_\_\_\_

For the above reason(s) I request a waiver of the food assistance office interview and understand that an interview will be conducted either in my home or by telephone. I understand that if I do not give complete and accurate information and do not let the food assistance office know when changes happen, that I may be prosecuted for fraud and may be fined and/or sent to jail.

\_\_\_\_\_  
Date  
 \_\_\_\_\_  
Witness if signed with an X

\_\_\_\_\_  
Signature  
 \_\_\_\_\_  
Witness if signed with an X

Phone number where I can be reached: \_\_\_\_\_