

AUTHORIZED REPRESENTATIVE DESIGNATION

Individual/Assistance Group			Case Number/CA	T/SEQ
I haraba dasimata				-1
I hereby designate	residing at			
				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 sp	ouse cannot be intervi	ewed is:		
Working hours an food assistance		Health	reasons	☐ Transportation problems
Other problems -	- explain:			
to give any information	on required by the Foo	d Assistance I	Program. I⊣	ncial and other household circumstance understand that I am responsible for an ted for fraud and be fined and/or sent t
	Date			Signature
Witness if signed with an X			Witness if signed with an X	
I am unable to appoir	Of Food Assistance (nt an authorized repres n interview because all	sentative or ha	ve an adult r	nember of my household attend the foo
65 years of age of		ally or physical		
				s, transportation problems)
Explain:				
interview will be cond accurate information	lucted either in my hon	ne or by telephod assistance	none. I unde	office interview and understand that a erstand that if I do not give complete an when changes happen, that I may b
	Date			Signature
v	Vitness if signed with an X			Witness if signed with an X
Phone numb	er where I can he reac	hed:		