Clear

APPOINTMENT OF A DESIGNATED REPRESENTATIVE

Case Number

Customer's Name

Completed by Customer

I would like for _____ to act on my behalf in determining my
Name of Representative

eligibility for public assistance from the Department of Children and Families.

Signature of Customer

Date

Completed by Representative

I understand that by accepting this appointment, I am responsible to provide or assist in providing information needed to establish this person's eligibility for assistance. I understand that I may be prosecuted for perjury and/or fraud if I withhold information or intentionally provide false information.

Signature of Representative

Date

Relationship to Customer

Street Address

City

State

Phone Number

Self-Appointment by Representative

I am acting for _____ in providing information to establish eligibility for assistance because he/she is unable to act on his/her own behalf. I will provide information to the best of my knowledge. I understand that if I withhold information or if I intentionally provide false information, I may be prosecuted for perjury and/or fraud. I agree to immediately report any change in their situation of which I become aware.

Signature of Representative

Date

Relationship to Customer

Street Address

City

State

Phone Number