

## Nutrition Assistance (NA) Authorized Representative Request

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

An Authorized Representative is a friend, relative, or other person who knows your circumstances and can assist you in the application process. An Authorized Representative is someone you choose; FAA does not choose for you. The person you choose must be willing to help you. An agency cannot act as an authorized representative, but an individual at an agency can. This individual will be able to assist you in the following ways:

- Complete your application, forms, and other department paperwork for you.
- Complete eligibility interviews in person or on the telephone for you.
- Provide your proof of income, resources, and other case information.
- Report and verify changes in your case circumstances for you.
- Receive your notices and other mail from the department for you.

### Authorized Representative Information

I want the person named below as my Authorized Representative:

Person's Name (*Last, First, M.I.*): \_\_\_\_\_

Person's Phone Number (*include area code*): \_\_\_\_\_ Home    Cell    Message    Work

Person's Mailing Address (*No., Street*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

My Authorized Representative's preferred language is:

Spoken:    English    Spanish    Other: \_\_\_\_\_

Written:    English    Spanish    Other: \_\_\_\_\_

This person is known to me as (*Your relationship to this person*): \_\_\_\_\_

### Authorized Representative Authorization

Please read carefully. Your signature below means you have read, understand, and accept these statements.

<b>Applicant:</b>	<b>Authorized Representative:</b>
<p><b>I certify</b> that I have read and understand the information on this form.</p> <p><b>I certify</b> that the person I chose to be my Authorized Representative is an adult who is sufficiently aware of my family's financial and other household circumstances to give any information required by the Department of Economic Security.</p> <p><b>I understand</b> that if my NA Authorized Representative is currently serving an NA intentional program violation (IPV):</p> <p style="padding-left: 20px;">I will select another person to serve as my NA Authorized Representative.</p> <p style="padding-left: 20px;">This is the only person that is available to be my NA Authorized Representative.</p>	<p><b>I certify</b> that I have read and understand the information on this form.</p> <p><b>I agree</b> to accept the duties on this form.</p> <p><b>I understand</b> that I must give proof of my identity to act as an Authorized Representative.</p> <p><b>I understand</b> that if I am currently disqualified from NA for an intentional program violation (IPV), I cannot act as a NA Authorized Representative unless there is no one else suitable to represent this individual.</p> <p>Please provide your date of birth _____ and check one of the following boxes:</p> <p style="padding-left: 20px;">I am currently serving a disqualification for a NA IPV.</p> <p style="padding-left: 20px;">I am not currently serving a disqualification for NA for an IPV.</p>

When a legal guardian has been appointed for the adult only applicant in the household, the applicant's signature is not required for the legal guardian to be appointed as an authorized representative. Only the authorized representative's signature is needed.

<b>Applicant:</b>		<b>Authorized Representative:</b>	
<p><b>I understand</b> that I am responsible for any incorrect information given by my representative.</p> <p><b>I understand</b> that I may be fined, prosecuted, or imprisoned for any program fraud committed by my representative.</p> <p><b>I understand</b> that the person I named as my Authorized Representative will continue to act for me until I revoke, in writing, permission to represent me.</p>		<p><b>I understand</b> that the Department of Economic Security (DES) has the authority to discontinue my ability to act as an Authorized Representative if it is determined that I am not acting in the best interest of the household I am assisting.</p> <p><b>I understand</b> that I may be held personally liable if it is found that I, as an Authorized Representative, am responsible for causing an overpayment to the household that I represent.</p> <p><b>I understand</b> that I will be required to update my information with the Department of Economic Security (DES) each time the household I assist applies for a renewal of Nutrition Assistance (NA) benefits.</p>	
<p>If I am determined eligible, this NA authorization will stay in effect until I or my representative tells you to stop it. This authorization will expire when my application for assistance is withdrawn or denied, or when my eligibility ends. However, this authorization will continue during any time while I am contesting my eligibility in an administrative hearing or court proceeding.</p>			
Applicant's Signature: _____		Date: _____	
Authorized Representative's Signature: _____		Date: _____	

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
 Food and Nutrition Service, USDA  
 1320 Braddock Place, Room 334  
 Alexandria, VA 22314; or
2. **fax:**  
 (833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.