

AUTHORIZED REPRESENTATIVE VERIFICATION FORM

Applicant Information

Name: _____

Address: _____

Phone Number: _____

Last 4 digits of SSN: _____

Authorized Representative Information

Name: _____

~The Authorized Representative must present a photo ID to Outreach Staff ~

My signature below authorizes the Authorized Representative listed above to apply for benefits on my behalf. This includes verifying all household information and income, signing applications on my behalf, receiving information related to benefits received (or denials), and answering questions related to the benefits for which I am applying.

Client Signature

Date

**Office use only*

Staff - If telephone contact with applicant is necessary, document it below:

Telephone contact was made on _____ at _____
Date Time

Spoke with _____ Agency Representative