Revised AR FORM – 85 (10/07/2020)

AUTHORIZED REPRESENTATIVE REGISTRATION FORM

AUTHORIZED REPRESENTATIVE

NAME:_____

ID/SSN:_____

ADDRESS:_____

_____

EMPLOYER:_____

HOME Phone::_____WORK Phone:_____

Email Address: _____

HOUSEHOLD

CASE NAME:_____

CASE NUMBER:_____

ID/SSN:_____

ADDRESS:_____

_____

HOME Phone:_____

Reason(s) for the designation: _____

_____

_____

Is the authorized representative an employee of DPH&SS? [ ] YES [ ] NO

Is the authorized representative an authorized EBT retailer? [ ] YES [ ] NO

Is the authorized representative presently disqualified from participating in the SNAP? [ ] YES [ ] NO

Is the authorized representative already designated to represent any other household? [ ] YES [ ] NO

If so, please indicate the other household(s) being represented:

(1) CASE NAME:_____ CASE NUMBER:_____
(2) CASE NAME:_____ CASE NUMBER:_____

The authorized representative is authorized by the household to be interviewed on behalf of the household, pick up EBT card, transact EBT card, and/or use EBT card to purchase food for the household.

HOUSEHOLD CERTIFICATION STATEMENT:

I certify that the above information is true and correct to the best of my knowledge; that I am freely requesting the designation of an authorized representative; and I understand my liability for any overissuance of benefits which may result from erroneous information given by the authorized representative.

_____ _____ _____

DATE [ ] HEAD OF HOUSEHOLD [ ] SPOUSE

AUTHORIZED REPRESENTATIVE CERTIFICATION STATEMENT:

I certify that the above information is true and correct to the best of my knowledge; I am aware of my responsibilities as an authorized representative to accurately represent household circumstances, ensure that the household receives the correct amount of benefits, properly utilize the EBT card, and report any changes in household circumstances; and I am aware of the consequences for misrepresentation of information or misuse of benefits.

_____ _____

DATE AUTHORIZED REPRESENTATIVE

Approved by:

_____

ARTHUR U. SAN AGUSTIN, MHR
Acting DPHSS Director

Date:_____