

DESIGNATION OF AUTHORIZED REPRESENTATIVE

Lucas County Job & Family Services

PO BOX 10007 TOLEDO, OH 43699-0007

Name of Applicant/Recipient (<i>Please Print</i>)	Case Number or SSN		County LUCAS
Street Address (<i>include Apt#</i>)	City		State

I hereby authorize the following person or entity to act as my representative.

This authority lasts until *(specify a date or event)*, or until it is revoked by me in writing.

Name of Authorized Representative	Title	Company
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Home Phone	Work Phone	Email Address
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Mailing Address	City	State	Zip
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Pursuit to Section 5101:4-2-05 of the Ohio Public Assistance Manual, I hereby authorize the named individual listed on this form to be my representative to represent me in the following matters on my behalf:

- Assist with my application/renewal for public assistance/food stamps (SNAP/TANF) and determinations of eligibility including any State Hearings.
- To receive any public assistance/health care card or food stamp benefits for which I am duly eligible for from CDJFS. The authorized representative will ensure that I receive these benefits monthly,
- My reapplication/recertification of public assistance/food stamp benefits, including any State Hearings.
- Receive and respond to copies of all correspondence.

This authorization to represent is valid only until the next reapplication or my case closes, whichever occurs first. I understand that if the authorized representative provides incorrect or fraudulent eligibility information, that I, the assistance group may be held liable for any overpayments which occur. I, like the authorized representative, wish to receive all notices and correspondence regarding the status of my case.

Signatures. This form has no effect unless signed by both the person granting authority and by the authorized representative. By signing below, the authorized representative agrees to maintain the confidentiality of any information regarding the applicant/recipient provided by the agency.

NOTICE TO AUTHORIZED REPRESENTATIVE: You have agreed to act on behalf of the assistance group; receive benefits where appropriate for them and their care, and do a reapplication on behalf of the assistance group as required by the Lucas County Job & Family Services. You, as the authorized representative are responsible for making an accurate and complete disclosure of all information necessary for determination of eligibility. If you provide incorrect or fraudulent eligibility information, the assistance group may still be held liable for any overpayments which occur. If it is determined that you, as the authorized representative, gave incorrect information intentionally through no fault of the assistance group, a referral will be made to the County Prosecutor to determine if fraud occurred on your part. If fraud is proven, you may be found liable for any overpayment. If, as the authorized representative, you are the legal guardian or legal trustee for the assistance group, you will be held responsible for overpayment.

Signature of Person Granting Authority (<i>Applicant/Recipient or Parent/Guardian</i>)	Date
Signature of Authorized Representative	Title (<i>if employee of an organization</i>)