

**DESIGNATION OF AUTHORIZED REPRESENTATIVE**

Lucas County Job &amp; Family Services

PO BOX 10007 TOLEDO, OH 43699-0007

Name of Applicant/Recipient ( <i>Please Print</i> )		Case Number or SSN		County <b>LUCAS</b>	
Street Address ( <i>include Apt#</i> )		City		State	Zip
I hereby authorize the following person or entity to act as my representative.					
This authority lasts until _____ ( <i>specify a date or event</i> ), or until it is revoked by me in writing.					
Name of Authorized Representative		Title		Company	
Home Phone	Work Phone		Email Address		
Mailing Address		City		State	Zip
<b>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:</b>					
<input type="checkbox"/> Assist with my application/renewal for public assistance/food stamps (SNAP/TANF) and determinations of eligibility including any State Hearings.					
<input type="checkbox"/> 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,					
<input type="checkbox"/> My reapplication/recertification of public assistance/food stamp benefits, including any State Hearings.					
<input type="checkbox"/> Receive and respond to copies of all correspondence.					
<b><i>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.</i></b>					
<b>Signatures.</b> This form has no effect unless signed by both the person granting authority <u>and</u> 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.					
<b><u>NOTICE TO AUTHORIZED REPRESENTATIVE:</u></b> 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> )		Date	