



Fairfield County
**Job & Family
Services**

Michael E. Orlando
Director

Children Services
(740) 653-4060

Workforce Development
(740) 653-1701

Community Services
(740) 653-1701

Child Support Enforcement
(740) 687-7155

Authorized Representative Form

The purpose of this completed form is to allow another designated individual to act on your behalf regarding your public assistance case. By completing this form you are authorizing this individual to represent you.

I, _____ ,
(Applicant's Name)

do hereby authorize _____ ,
(Authorized Representative's Name)

(Street Address) , _____ , _____ , _____
(City) (State) (Zip)

to be my authorized representative for all purposes relating to my application/reapplication for public assistance, except as noted below:

(Signature)

(Date)

I agree that the above named individuals may release to FCJFS information to be used to determine eligibility for cash assistance, medical assistance, food stamp benefits, and or/PRC assistance.

This authorization shall expire on _____ or until revoked in writing.

Signature of Applicant/Recipient or Authorized Representative:	Date:
Representative's Legal Authority to Applicant/Recipient:	Date: