



# APPOINTMENT OF A DESIGNATED REPRESENTATIVE

Case Number \_\_\_\_\_

Customer's Name \_\_\_\_\_

## Completed by Customer

I would like for \_\_\_\_\_ to act on my behalf in determining my eligibility for public assistance from the Department of Children and Families.  
Name of Representative

Signature of Customer \_\_\_\_\_

\_\_\_\_\_ Date

## Completed by Representative

I understand that by accepting this appointment, I am responsible to provide or assist in providing information needed to establish this person's eligibility for assistance. I understand that I may be prosecuted for perjury and/or fraud if I withhold information or intentionally provide false information.

Signature of Representative \_\_\_\_\_

\_\_\_\_\_ Date

Relationship to Customer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone Number \_\_\_\_\_

## Self-Appointment by Representative

I am acting for \_\_\_\_\_ in providing information to establish eligibility for assistance because he/she is unable to act on his/her own behalf. I will provide information to the best of my knowledge. I understand that if I withhold information or if I intentionally provide false information, I may be prosecuted for perjury and/or fraud. I agree to immediately report any change in their situation of which I become aware.

Signature of Representative \_\_\_\_\_

\_\_\_\_\_ Date

Relationship to Customer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone Number \_\_\_\_\_