



**PUBLIC ASSISTANCE AND  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
AUTHORIZED REPRESENTATIVE REQUEST FORM (DURING COVID-19)**

Applicant Name:	Applicant Address:
Applicant Telephone Number:	

**PUBLIC ASSISTANCE AUTHORIZED REPRESENTATIVE** – If you have a good reason for not being able to apply for public assistance, you may authorize, or give permission, for someone else to apply for you. A good reason may be (1) a physical or mental condition that prevents you from applying yourself or (2) other extenuating circumstances beyond your control that prevent you from being able to apply yourself.

Your authorized representative can be a friend, relative, or organization who knows your household circumstances. The person must be able to provide any information needed to determine your initial and continuing eligibility for public assistance. Your application and recertification interviews can be conducted with your authorized representative.

If you would like to authorize someone to apply for public assistance and participate in the application interview for you, you must do so in writing. You may do so by printing the person's name, address, and phone number below and signing at the bottom of this form. Please include any documents or other proof of your physical or mental condition or the circumstances beyond your control that prevent you from applying on your own.

**I need an authorized representative to apply for public assistance on my behalf because:**

- ☐ I cannot apply using ACCESS HRA because I do not have access to the equipment or services needed to use it. I also cannot apply at a Job Center because of the COVID-19 pandemic.
- ☐ I have a physical or mental health condition that prevents me from applying on my own.
- ☐ Other circumstances beyond my control prevent me from applying on my own.

**(Turn Page)**

Please print the name, address, and phone number of the person you wish to be your authorized representative below. You and your authorized representative also need to sign the bottom of this form.

Authorized Representative Name:	Authorized Representative Address:
Authorized Representative Telephone Number:	

I authorize the above designated individual to act as my representative for the purposes checked below. I understand that if I do not check any of the boxes below, my authorized representative will be authorized to perform all of the functions listed next to the boxes. I understand that I may revoke or cancel all or part of this authorization at any time by notifying HRA in writing.

I understand my designated Authorized Representative will have access to my personal health information.

**Please Check the Appropriate Box(es):**

- ☐ Application for public assistance, Medicaid, and SNAP benefits
- ☐ Recertification for public assistance, Medicaid, and SNAP benefits
- ☐ To use my SNAP benefits (EBT card) to purchase food for me
- ☐ All of the above

**RESPONSIBILITY TO PROVIDE TRUTHFUL AND ACCURATE INFORMATION** – Federal and state laws provide for penalties of fine, imprisonment, or both if you do not tell the truth when you apply for Public Assistance, Medicaid, Supplemental Nutrition Assistance Program Benefits, Services, or Child Care Assistance (“Assistance, Benefits or Services”). Those same penalties may also be applied if at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application or your continuing eligibility.

Penalties also apply if you hide or fail to tell us facts regarding your initial and continuing eligibility for Assistance, Benefits, or Services, or if you hide or fail to tell us facts that would affect the right of someone for whom you have applied to obtain or continue to receive Assistance, Benefits, or Services.

If you or someone else on your case is found guilty of lying about or hiding money, property, or resources, you may lose your Public Assistance or SNAP Benefits. This is called an Intentional Program Violation (IPV). If you are found to have committed an IPV, you will not be able to receive Public Assistance or SNAP Benefits for a certain period of time. You will also have to pay back to HRA the money or SNAP Benefits you should not have gotten.

Federal and state laws provide that any transfer of assets for less than fair market value made by an individual or an individual's spouse, within 60 months prior to the first of the month in which the individual is both in receipt of nursing facility services and has submitted an application for Medicaid, may make the individual ineligible for nursing facility services or home and community-based waived services for a period of time. It is unlawful to obtain Assistance, Benefits, or Services by hiding information or providing false information.

If you did not provide truthful and accurate information when applying for or getting child care benefits, you will have to pay back any benefits that you were not eligible for. If you are convicted of fraud, additional penalties may apply.

**PUBLIC ASSISTANCE BENEFITS PENALTY WARNING** – If you are found by a court or a State Administrative Hearing to have committed a Public Assistance IPV, you will not be able to get Public Assistance for 6 months if it is your First IPV and the IPV is for less than \$1,000. For your Second IPV or if the IPV is between \$1,000 and \$3,900, you will not be able to get Public Assistance for 12 months. For your Third IPV or if the IPV is greater than \$3,900, you will not be able to get Public Assistance for 18 months. For your Fourth IPV or subsequent IPV's, you will not be able to get Public Assistance for 5 years.

If you are convicted in a federal or State court of having made a fraudulent statement or representation about your place of residence to receive Public Assistance or SNAP Benefits from two or more states at the same time, you will be ineligible for 10 years.

**SNAP BENEFITS PENALTY WARNING** – Any information you provide in connection with your application for SNAP benefits will be subject to verification by Federal, State, and local officials. If any information you provide in connection with your application for SNAP benefits is incorrect, you may be denied SNAP benefits. You may be subject to criminal prosecution for knowingly providing incorrect information.

If you have committed your First IPV, you will not be able to get SNAP for one year. For your Second IPV, you will not be able to get SNAP for two years. For your Third IPV, you will be permanently disqualified.

**SNAP BENEFITS PENALTY WARNING (*continued*)** – You will not be able to get SNAP benefits for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP. You will never be able to get SNAP benefits again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP benefits; or found guilty in a court of law of selling or getting firearms, ammunition, or explosives in exchange for SNAP benefits; or found guilty in a court of trafficking in SNAP benefits worth \$500 or more. Trafficking includes the unauthorized use, transfer, acquisition, alteration or possession of SNAP benefits, authorization cards, or access devices.

A court could also bar you from receiving SNAP benefits for an additional 18 months if you are convicted of certain felonies or misdemeanors. If you make a false statement about who you are or where you live to get multiple SNAP benefits at the same time, you will not be able to get SNAP for 10 years (or permanently if this is the third IPV). You may be found to have committed an IPV if you make a false or misleading statement, or misrepresent, conceal, or withhold facts; or commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of coupons, authorization cards, or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

**Note:** Both the applicant and/or authorized representative are subject to the above penalties.

If you are an authorized representative, all Public Assistance, Benefits, and Services must be used for the applicant and not for yourself.

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Applicant Signature

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Date

As an authorized representative I acknowledge the information set forth above.

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Authorized Representative Signature

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Date