

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AUTHORIZED REPRESENTATIVE REQUEST FORM

Applicant Name:	Applicant Address:
Applicant Number:	

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP benefits for you. You can also authorize someone to use your SNAP benefit to buy food for you. If you would like to authorize someone for either of these purposes, 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.

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 all or part of this authorization at any time by notifying my local district in writing.

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

- Application for SNAP benefits
- Recertification for SNAP benefits
- To use my SNAP benefit (EBT card) to purchase food for me
- All of the above

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

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; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for SNAP; **or** found guilty in a court of trafficking in SNAP worth \$500 or more. Trafficking includes the unauthorized use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

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

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 in order to get multiple SNAP benefits at the same time, you will not be able to get SNAP for ten 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.

Applicant Signature:	Date:
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As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	Date:
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