



# Request to Choose Someone to Be My Authorized Representative

### Give this form to DTA

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Applicant/Client Name \_\_\_\_\_ Last 4 of SSN or Agency ID \_\_\_\_\_

Address \_\_\_\_\_

Choose only a family member, trusted friend, or neighbor. Only one person may be named on each form but this person may have multiple roles. The person you choose must give proof of identity. You can cancel or change this request at any time. Call 1-800-997-2555.

### SNAP Benefits

I choose \_\_\_\_\_ to be my representative for SNAP benefits.  
Name

This person can sign the application and other forms, report changes, and talk about my case with DTA.

If this person gives wrong information so my household gets too many benefits, I may have to pay back what we should not have gotten.

I choose \_\_\_\_\_ to shop for me using my SNAP benefits.  
Name

This person will get an EBT card that lets her or him shop for me using my SNAP benefits. I will also get an EBT card.

### Cash Benefits

I choose \_\_\_\_\_ to be my authorized representative.  
Name

This person can report changes and talk about my case with DTA.

If this person gives wrong information so my household gets too many benefits, I may have to pay back what we should not have gotten.

I choose \_\_\_\_\_ to get money from my cash benefit account.  
Name

This person will get an EBT card that lets her or him get money from my TAFDC or EAEDC account for me. I will also get an EBT card.

\_\_\_\_\_  
Applicant/Client Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person I choose

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of person I choose

\_\_\_\_\_  
Telephone of person I choose

EBT cards still work if a case reopens after being closed. If you don't want the person you choose to get and use your benefits be sure to tell DTA to cancel their card.

**Note:** Helping agencies that are not acting as an authorized representative should provide the Voluntary Consent to Release Information (VARI-OI) or similar form.