



## Request to Choose Someone to Be My Agency Representative for My SNAP Benefits

**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 \_\_\_\_\_

Name of Agency \_\_\_\_\_ Agency FEIN \_\_\_\_\_

Administrative Office Address \_\_\_\_\_

Please read all options before making a selection:

I choose \_\_\_\_\_ to be my Agency Representative for assisting with the application process.

Print Name

The Agency Representative can sign the application and other forms, report changes, and talk about my case with DTA.

If the Agency Representative 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 be my Agency Representative for the transaction of SNAP benefits.

Print Name

An Agency EBT card will be issued that lets the Agency Representative shop for me using my SNAP benefits

Applicant/Client Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Proof of identity is required for an Agency EBT 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.