Client Name

Request for Agency Employee(s) to be my SNAP Authorized Representative

Agency Name

Client’s Residential Address Administrative Office Address

**Give this form to DTA**

* By Mail: DTA Document Processing Center,

P.O. Box 4406, Taunton, MA 02780-0420

* By Fax: (617) 887-8765
* Upload to the DTA Connect App
* In person at your local DTA office

Last 4 Digits of Client’s SSN or Agency ID Agency’s Federal Employer Identification Number (FEIN)

**Section A – Designating an Agency Authorized Representative for Certification**

This means they can sign my SNAP paperwork or any other forms, report changes and talk about my case with DTA. If I get too many benefits because a group home or drug/alcohol treatment center applied for SNAP on my behalf, but gave DTA the wrong information, then the agency may have to pay DTA back. If I get too many benefits because I applied for SNAP on my own, but gave DTA the wrong information, then I may have to pay DTA back.

1. Employee’s Name Phone Number Ext.
2. Employee’s Name Phone Number Ext.

**Section B – Designating an Agency Authorized Representative for EBT Transactions**

An Agency EBT card will be issued that lets the agency employee buy food for me with my SNAP benefits. I understand that if I leave a group home or drug/alcohol treatment center, I have the right to get my EBT card back within 5 days. If a group home or drug/alcohol treatment center only has an Agency EBT card to return, then I must go to a local DTA office to get my own EBT card.

1. Employee’s Name Phone Number Ext.
2. Employee’s Name Phone Number Ext.

**Note:** Agency employee(s) under Section B must verify their identity. To receive an EBT card, please attach a copy of their employee ID, a letter from the agency or the employee’s business card with this form.

* + Court appointed guardians signing on behalf of a client must attach a copy of the Guardianship Decree with this form.

Client or Legal Guardian Name (Print)

Client or Legal Guardian Signature

 / /

Date

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

Image-10A (Rev. 12/2018) This institution is an equal opportunity provider.

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