



# 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
- Upload to the DTA Connect App
- In person at your local DTA office

Client Name \_\_\_\_\_

Last 4 Digits of SSN or Agency ID \_\_\_\_\_

Client's Residential Address \_\_\_\_\_



### Important Points to Remember

- The same person may be named for multiple roles.
- You can cancel or change this request at any time.
- 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.
  - For SNAP only clients, please call the DTA Assistance line at (877) 382-2363.
  - For TAFDC/EAEDC clients, please call your cash worker directly.

### Section A – Designating a SNAP Authorized Representative for Certification and/or EBT Transactions

- I choose \_\_\_\_\_ to be my **SNAP Authorized Representative for Certification**. His/her phone number is \_\_\_\_\_. This person 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 s/he gave DTA the wrong information, I may have to pay DTA back.
- I choose \_\_\_\_\_ to be my **SNAP Authorized Representative for EBT Transactions**. This person will receive an EBT card if s/he gives DTA proof of identity. S/he can buy food for me using my SNAP benefits. I will also get my own EBT card.

### Section B – Designating a TAFDC/EAEDC Authorized Representative and/or Authorized Payee

- I choose \_\_\_\_\_ to be my **TAFDC/EAEDC Authorized Representative**. This person can report changes and talk about my case with DTA. If I get too many benefits because s/he gave DTA the wrong information, I may have to pay DTA back.
- I choose \_\_\_\_\_ to be my **TAFDC/EAEDC Authorized Payee**. This person will receive an EBT card if s/he gives DTA proof of identity. S/he can get money from my TAFDC or EAEDC account for me. I will also get my own EBT card.

\_\_\_\_\_  
 Client or Legal Guardian Name (Print)                      Client or Legal Guardian Signature                      Date

- **Note for SNAP Cases:** Court appointed guardians signing on behalf of a client must attach a copy of the Guardianship Decree with this form.
- Helping agencies that are not acting as an authorized representative should provide the Voluntary Consent to Release Information (VARI-OI) or similar form.