**Request to Choose Someone to Be My**

**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

**Authorized Representative**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.

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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.

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

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