

Butler County Job and Family Services Designation of Authorized Representative

Applicant First Name	Applicant Last Name	Case Number	Social Security Number
Street Address	City	State and Zip Code	Date Sent

I authorize the following person or company to act as my representative:

First Name	Middle Initial	Last Name	Home/Cell Phone
Title	Company		Work Phone
Mailing Address	City	State	Zip

This authority lasts until:

- My application has been approved
 I rescind this authority, or appoint a new representative
 Other (please specify a date or action) _____

I no longer wish the above named to act as my authorized representative effective: Date:**I authorize this person or company to represent me regarding:**

<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Cash Assistance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Emergency Assistance	<input type="checkbox"/> Child Care
Other (Specify): <input type="checkbox"/>				

I authorize this person or company to do the following on my behalf:

- Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above.

AND/OR ONLY the specific actions selected below:

- Present my application for benefits
 Receive my Food Assistance
 Use my Food Assistance
 Receive and respond to copies of all correspondence regarding my application
 Other (please specify): _____
- Represent me at a state hearing
 Collect my medical records
 Provide verifications to the CDJFS on my behalf

While this authorization is in effect, all notices sent to the County Department of Job and Family Services or the Ohio Department of Job and Family Services will also be sent to your authorized representative.

Signatures: This form should be signed by the person granting or rescinding authority. It should be signed by the authorized representative or an employee of the company appointed to be the authorized representative. The authorized representative responsibilities are listed on page 2 of this authorization form.

Signature of Person Granting Authority (or rescinding authority, if applicable):	Date:
Signature of Power of Attorney (if applicable):	Date:
Signature of Authorized Representative (List individual name and company name also, if applicable):	Date:

Applicant Name:	SS#
Case Number	

AUTHORIZED REPRESENTATIVE RESPONSIBILITIES

Authorized representatives must be informed of their responsibilities upon accepting this appointment by the applicant/recipient named above. Please read below information an authorized representative should know prior to accepting this authorized representative appointment responsibility.

OWF/DFA/PRC (OAC 5101:1-2-01 (F))

In situations where an authorized representative provides incorrect or fraudulent eligibility information, the assistance group may still be held liable for any overpayments that occur. The authorized representative will be held responsible for overpayments when the authorized representative is the legal guardian or legal trustee for the assistance group.

If it is determined that the authorized representative has given incorrect information intentionally through no fault of the assistance group, a referral shall be made to the county prosecutor to determine if fraud occurred on the part of the authorized representative. If the prosecutor's determination is that the authorized representative committed fraud, the authorized representative may be found liable for the overpayment.

MEDICAID (OAC 5101:1-38-01.2)

No authorized representative shall knowingly do any of the following in an application for medical assistance benefits or in a document that requires a disclosure of assets for the purpose of determining eligibility to receive medical benefits as outlined in section 2913.401 of the Ohio Revised Code.

- Make or cause to be made a false or misleading statement
 - Conceal an interest in property
 - Fail to disclose a transfer of property within the sixty months prior to the date of application.
- Penalties of this nature are considered a misdemeanor of the first degree. If the value of Medicaid benefits as a result of this violation:
- is more than \$500 but less than \$5000, it is a felony of the 5th degree
 - is \$5000 or more but less than \$100,000, it is a felony of the 4th degree
 - is \$100,000 or more, it is a felony of the 3rd degree

Restitution plus interest would be necessary as well. This does not preclude the use of any other criminal or civil remedy for any act that is in violation of this ORC section.

FOOD STAMPS (SNAP) (OAC 5101:4-2-05)

The assistance group will be held liable for any overpayment that results from erroneous information given by the authorized representative. Except that residents of drug or alcohol treatment centers must apply and be certified through the use of authorized representatives and be responsible for complying with the requirements of OAC 5101:4-6-26.

The only proper use of these benefits is to purchase eligible foods from a USDA authorized retailer for preparation and consumption by the eligible assistance group. Any other possession, buying, selling, usage, alteration, acceptance or transfer of these benefits or EBT card is a violation of the Food Stamp Act of 1977, as amended.

Authorized Representative Initial: (per review of these responsibilities)	Date:
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