MISSISSIPPI
MDHS-EA-918
Revised 06-01-23

County: _____

Case Name: _____

Case Number: _____

Representative Authorization

Supplemental Nutrition Assistance Program (SNAP)

I.   You may appoint someone outside your household to act for your household to make an application and be interviewed. This person should be an adult who knows your household's situation well enough to give any information needed to determine your eligibility for SNAP.

I hereby designate the following individual(s), who knows my family well enough to answer any questions needed for SNAP benefits, to serve as my authorized representative and make application for my household.   I understand that I am responsible for any incorrect information given by my authorized representative even if the incorrect information results in a claim.

1. Name (First, MI, Last) _____

Date of Birth_____ Phone Number _____

Address _____City_____ State____ Zip_____

2. Name (First, MI, Last) _____

Date of Birth _____ Phone Number _____

Address _____ City _____ State ____ Zip_____

II.   I hereby designate the following individual(s) to serve as my benefit representative(s) and to have access to the SNAP benefits in my Electronic Benefit Transfer (EBT) account.   I understand this individual(s) will be issued an EBT card which allows them total use of my account without my immediate consent.   I understand benefits misused by this individual(s) cannot be replaced.

1. Name (First, MI, Last) _____

SSN _____ Date of Birth _____ Phone Number_____

2. Name (First, MI, Last) _____

SSN _____ Date of Birth _____ Phone Number_____

Temporary Assistance for Needy Families (TANF)

I agree/understand that the following individual will serve as my protective payee and the TANF benefits available to them will be used for my family.   I understand the protective payee must complete the MDHS-EA-314, Agreement between Mississippi Department of Human Services and Protective Payee.

Name (First, MI, Last) _____

SSN _____ Date of Birth _____ Phone _____

Address _____ City_____ Zip _____

Signed by: _____ Date _____

Signature of Witness, if signed by mark: _____