

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 know 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.

Name _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____

Address _____ City _____ 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.

Name _____

SSN _____ Date of Birth _____ Phone _____

Name _____

SSN _____ Date of Birth _____ Phone _____

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 _____

SSN _____ Date of Birth _____ Phone _____

Address _____ City _____ Zip _____

Signed by: _____ Date _____

Signature of Witness, if signed by mark: _____