

**ARIZONA DEPARTMENT OF  
ECONOMIC SECURITY  
Family Assistance Administration  
NUTRITION ASSISTANCE  
(NA) AUTHORIZED  
REPRESENTATIVE REQUEST**

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**You may choose an Authorized Representative, an adult non-household member, to help you with the requirements of applying for or getting benefits. An Authorized Representative is a friend, relative or other person who has a concern for your well-being. An Authorized Representative is a person you choose. We will not choose one for you. The person you choose must agree to help you. An agency cannot act as an authorized representative,**

**See pages 9-11 for USDA/EOE/ADA disclosures**

**but an individual at the agency can act as your representative. This individual will be able to assist you in the following ways:**

- **Complete your application, forms, and other department paperwork for you.**
- **Complete eligibility interviews in person or on the telephone for you.**
- **Provide your proof of income, resources, and other case information.**
- **Report and verify changes in your case circumstances for you.**
- **Receive your notices and other mail from the department for you.**

## **AUTHORIZED REPRESENTATIVE INFORMATION**

**I want the person named below as my Authorized Representative:**

**Person's Name (*Last, First, M.I.*):**

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**Person's Phone Number (*include area code*):** \_\_\_\_\_

**Home**

**Cell**

**Message**

**Work**

**Person's Mailing Address (*No., Street*):**

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**My Authorized Representative's preferred language is:**

**Spoken:      English      Spanish**

**Other:** \_\_\_\_\_

**Written:      English      Spanish**

**Other:** \_\_\_\_\_

**This person is known to me as (*Your relationship to this person*):**

\_\_\_\_\_

## **AUTHORIZED REPRESENTATIVE AUTHORIZATION**

**Please read carefully. Your signature below means you have read, understand, and accept these statements.**

### **Applicant:**

**I certify that I have read and understand the information on this form.**

**I certify that the person I chose to be my Authorized Representative is an adult who is sufficiently aware of my family's financial and other household circumstances to give any information required by the Department of Economic Security.**

**I understand that if my NA Authorized Representative is currently serving an NA intentional program violation (IPV):**

**I will select another person to serve as my NA Authorized Representative.**

**This is the only person that is available to be my NA Authorized Representative.**

**I understand that I am responsible for any incorrect information given by my representative.**

**I understand that I may be fined, prosecuted, or imprisoned for any program fraud committed by my representative.**

**I understand that the person I named as my Authorized Representative will continue to act for me until I revoke, in writing, permission to represent me.**

**Authorized Representative:**

**I certify that I have read and understand the information on this form.**

**I agree to accept the duties on this form.**

**I understand that I must give proof of my identity to act as an Authorized Representative.**

**I understand that if I am currently disqualified from NA for an intentional program violation (IPV), I cannot act as a NA Authorized Representative unless there is no one else suitable to represent this individual.**

**Please provide your date of birth \_\_\_\_\_ and check one of the following boxes:**

**I am currently serving a disqualification for a NA IPV.**

**I am not currently serving a disqualification for NA for an IPV.**

**I understand that the Department of Economic Security (DES) has the authority to discontinue my ability to act as an Authorized Representative if it is determined that I am not acting in the best interest of the household I am assisting.**

**I understand that I may be held personally liable if it is found that I, as an Authorized Representative, am responsible for causing an overpayment to the household that I represent.**

**I understand that I will be required to update my information with the Department of Economic Security (DES) each time the household I assist applies for a renewal of Nutrition Assistance (NA) benefits.**

**If I am determined eligible, this NA authorization will stay in effect until I or my representative tells you to stop it. This authorization will expire when my application for assistance is withdrawn or denied, or when my eligibility ends. However, this authorization will continue during any time while I am contesting my eligibility in an administrative hearing or court proceeding.**

**Applicant's Signature:**

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**Date:** \_\_\_\_\_

**Authorized Representative's Signature:**

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**Date:** \_\_\_\_\_



**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.**

**To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**

**1. mail:**

**Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or**

**2. fax:**

**(833) 256-1665 or  
(202) 690-7442; or**

**3. email:**

**[FNSCIVILRIGHTSCOMPLAINTS@  
usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)**

**This institution is an equal  
opportunity provider.**

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