



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

AUTHORIZED REPRESENTATIVE

If you would like someone to help you apply for benefits, you or a member of your household may ask a trusted friend, relative, or neighbor to help you apply and to be your authorized representative. This person must be 18 year of age or older and should be familiar enough with your situation to answer questions about you and your circumstances. An authorized representative may complete and submit an application for you.

Be sure the person you pick as your representative knows your household's circumstances. Your eligibility will depend on the information this person gives. You are responsible for the information.

For SNAP,* MA, EAP, and AG, you are allowed to have more than one authorized representative and a statement must be completed for each person selected. Each authorized representative may have different duties assigned to them.

If you are eligible for SNAP, the authorized representative may apply for benefits and may also receive a card to access and use your benefits for you at the grocery store. For all programs, an authorized representative may apply for benefits, review your case, and receive notices on your behalf. In order to have an authorized representative, you must give a written statement to the local Department of Social Services. SNAP, TANF and EAP also allow an electronic statement. It must include the name, address, and telephone number of the authorized representative. You must sign, date and write your address on the statement too.

You may use this form to name an authorized representative by filling it out and returning it to your local Department of Social Services.

If you have any questions, contact your local Department of Social Services or call toll free 1-800-553-3431.

**The Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medical Assistance (MA), Energy Assistance Program (EAP), and Auxiliary Grants (AG) programs are administered without regard to age, race, color, sex, disability, religion, national origin or political beliefs. The Virginia Department of Social Services is an equal opportunity provider.*

AUTHORIZED REPRESENTATIVE FORM

Use this form to name an authorized representative. Fill out the form in its entirety and return it to your local Department of Social Services.

DATE: _____

NAME: _____

would like to name the following person as my authorized representative:

REPRESENTATIVE'S INFORMATION:

NAME

ADDRESS

TELEPHONE NUMBER

As an authorized representative for my case(s), please allow him/her to:
(check all that apply)

Apply for benefits for me SNAP TANF MA EAP AG

Review my case record SNAP TANF MA EAP AG

Receive copies of notices
about my case SNAP TANF MA EAP AG

Receive a card to use my SNAP benefits: YES NO

SIGNATURE

ADDRESS

This institution is an equal opportunity provider.
The Virginia Department of Social Services (VDSS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

