

# Hamilton County Department of Job and Family Services

## Authorized Representative Agreement Sheet

Applicant/Recipient's Name:	Case Number:	Date:
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**DIRECTIONS:** This form is to be signed by the person who is agreeing to be the Authorized Representative for the assistance case listed above.

**My signature below certifies** that I am 18 years of age or older and indicates that I understand and agree to fulfill my responsibilities as an Authorized Representative by providing the needed information to complete the eligibility determination process for the case listed above.

**I understand** that as an Authorized Representative I may be required to:

1. File an application on behalf of the applicant/recipient; *and/or*
2. Represent the applicant/recipient in an interview; *and/or*
3. Receive instructions and/or correspondence on behalf of the applicant/recipient; *and/or*
4. Explain the Rights and Responsibilities to the applicant/recipient; *and/or*
5. Provide information, documentation, and/or verification as determined necessary by the Department of Job and Family Services; *and/or*
6. Represent the applicant/recipient in a State or local Hearing.

**I understand** that if I intentionally provide incorrect information (through no fault of the Assistance Group) and it is determined by the County Prosecutor that I committed fraud, I may be held liable for any overpayment that occurs as a result.

**I further understand** that I will be held responsible for overpayments of assistance if I am the legal guardian or trustee for this assistance group. *(In nursing home cases, the person supplying the information on behalf of the nursing home resident is the Authorized Representative.)*

Authorized Representative's Signature:	Date:
Name of Agency/Organization:	
Address:	Phone:

### FOR AGENCY USE ONLY BELOW THIS LINE

Employee's Signature:	District:
List type of verification used to identify the Authorized Representative:  <input type="checkbox"/> ODL; <input type="checkbox"/> Other:	Copy of verification attached?  <input type="checkbox"/> Yes; <input type="checkbox"/> No