



AFFIDAVIT FOR DESIGNATED REPRESENTATIVE

Individual's Designation

I hereby designate _____ as my representative
Name of Representative
in the application/redetermination process of eligibility for assistance
from the State.

Date

Individual's Signature

I understand that by accepting this designation as representative, I will provide or assist in providing the necessary information to establish the individual's eligibility for assistance. I also understand that if I knowingly withhold information or knowingly misrepresent facts about the situation of the individual, I may be prosecuted for perjury and/or fraud.

Date

Representative's Signature (to be
signed in the presence of the
eligibility specialist)

Relationship

Street Address

City

State

Phone Number

Self-Designation by Representative

I hereby declare that I am acting for _____
in providing information to establish the individual's eligibility for
assistance because he/she is too ill or aged to provide information about
his/her situation and to act responsibly for himself/herself. I will
provide information to the best of my knowledge concerning the
individual's situation. I understand that if I knowingly withhold any
information or knowingly misrepresent the facts I may be prosecuted for
perjury and/or fraud. I agree to notify the Department of Children and
Families immediately of any change in the individual's situation of which
I become aware.

Date

Representative's Signature (to be
signed in the presence of the
eligibility specialist)

Relationship

Street Address

City

State

Phone Number