



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 years 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 the 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, PIPP, and AG, you may have more than one authorized representative, but you must complete a statement for each person you select. You may assign each authorized representative with different duties.

If you are eligible for SNAP, an 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. 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. The statement must include the name, address, and telephone number of the authorized representative. You must also sign, date, and write your address on the statement.

You may use this form to name an authorized representative. Fill it out and return 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), Percentage of Income Payment Program, and Auxiliary Grants (AG) programs are administered without regard to 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. 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: _____

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

REPRESENTATIVE'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

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

(check all that apply)

☐ Apply for benefits for me ☐ AG ☐ EAP ☐ MA ☐ PIPP ☐ SNAP ☐ TANF

☐ Review my case record ☐ AG ☐ EAP ☐ MA ☐ PIPP ☐ SNAP ☐ TANF

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

Receive a card to use my SNAP benefits: ☐ YES ☐ NO

SIGNATURE _____

ADDRESS _____

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. VDSS is an equal opportunity provider.

