BUTLER COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
DESIGNATION OF AUTHORIZED REPRESENTATIVE

Name:	SSN:	Recipient Number:	
Address:	City:	State: OH	Zip:

□ I AUTHORIZE THE FOLLOWING PERSON OR COMPANY TO ACT AS MY REPRESENTATIVE			
Name:		Phone Number:	
Company:	Job Title:	Work Phone Number:	
Address:	City:	State:	Zip:

This authority shall last until:
- □ My application has been approved
- □ I rescind this authority, or designate a new representative
- □ Other (please specify a date or action):

□ I NO LONGER AUTHORIZE THE ABOVE NAMED PERSON TO ACT AS MY REPRESENTATIVE

I AUTHORIZE THE ABOVE NAMED PERSON OR COMPANY TO REPRESENT ME REGARDING:

□ Cash Assistance □ Food Assistance □ Medicaid

I AUTHORIZE THE ABOVE NAMED PERSON OR COMPANY TO DO THE FOLLOWING ON MY BEHALF:

□ Take any action that may be needed to ensure that I receive or continue to receive the benefits listed above

□ Take only the following actions:

- □ Submit my application for benefits
- □ Receive my Food Assistance
- □ Use my Food Assistance
- □ Represent me at a state hearing
- □ Collect my medical records
- □ Submit my verifications
- □ Receive and respond to copies of all correspondence regarding my application
- □ Other (please specify action):

NOTE: While this authorization is in effect, all notices sent from the Department of Job and Family Services will also be sent to your authorized representative.

SIGNATURES: This form should be signed by the person granting or rescinding authority. It should be signed by the authorized representative or an employee of the company appointed to be the authorized representative. The authorized representative's responsibilities are listed on Page 2 of this authorization form.

Signature of Person Granting Authority:	Date:
Signature of Authorized Representative:	Date:

BUTLER COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
315 HIGH STREET, 8TH FLOOR, HAMILTON, OHIO 45011
PHONE: 513.887.5600 • FAX: 513.887.4334
E-MAIL: VERIFICATIONS@JFS.OHIO.GOV
VISIT US ON THE WEB: WWW.BUTLERCOUNTYOHO.ORG/WORKPLACE

Name:	SSN:	Recipient Number:

AUTHORIZED REPRESENTATIVE RESPONSIBILITIES

Authorized representatives must be informed of their responsibilities upon accepting this appointment by the applicant or recipient named above. Please read the below information that an authorized representative should know prior to accepting this authorized representative appointment responsibility.

CASH ASSISTANCE (OQC 5101:1-2-01(F)

In situations where an authorized representative provides incorrect or fraudulent eligibility information, the assistance group may still be held liable for any overpayments that occur. The authorized representative will be held responsible for overpayments when the authorized representative is the legal guardian or legal trustee for the assistance group.
If it is determined that the authorized representative has given incorrect information intentionally through no fault of the assistance group, a referral shall be made to the county prosecutor to determine if fraud occurred on the part of the authorized representative. If the prosecutor's determination is that the authorized representative committed fraud, the authorized representative may be found liable for the overpayment.

MEDICAID (OAC 5101:1-38-01.2)

No authorized representative shall knowingly do any of the following in an application for medical assistance benefits or in a document that requires a disclosure of assets for the purpose of determining eligibility to receive medical benefits as outlined in Section 2913.401 of the Ohio Revised Code
* Make or cause to be made a false or misleading statement
* Conceal an interest in property
* Fail to disclose a transfer of property within the sixty months prior to the date of application.

Penalties of this nature are considered a misdemeanor of the first degree. If the value of Medicaid benefits as a result of this violation:
* is more than $500 but less than $5000, it is a felony of the 5th degree
* is more than $5000 but less than $100,000, it is a felony of the 4th degree
* is more than $100,000, it is a felony of the 3rd degree

Restitution plus interest would be necessary as well. This does not preclude the use of any other criminal or civil remedy for any act that is in violation of this Ohio Revised Code section.

FOOD ASSISTANCE (SNAP) (OAC 5101:4-2-05)

The assistance group will be held liable for any overpayment that results from erroneous information given by the authorized representative. Except that residents of drug or alcohol treatment centers must apply and be certified through the use of authorized representatives and be responsible for complying with the requirements of
OAC 5101:4-6-26.

The only proper use of these benefits is to purchase eligible foods from a USDA authorized retailer for preparation and consumption by the eligible assistance group. Any other possession, buying, selling, usage, alteration, acceptance or transfer of these benefits or EBT card is a violation of the Food and Nutrition Act of 2008.

Signature of Authorized Representative:	Date:

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