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|  |                                  | Case Name: Case Number: Date:      MDHHS Office: Specialist / ID: **/**Phone: Fax: Individual ID: If you do not understand this, call an MDHHS office in your area. MDHHS employees are prohibited by law from providing legal advice.Si ústed no entiende esto, llame a una oficina de MDHHS en su área. La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتبMDHHS الموجود في منطقتك.يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية |
|  | **STATE OF MICHIGAN**Department of Health and Human Services |  |
|  | ENTER ADDRESSEE NAMEENTER ADDRESSEE CARE OFENTER ADDRESSEE PO BOX OR STREET ENTER ADDRESSEE CITY/STATE/ZIP |  |
| REQUEST FOR FOOD STAMP AUTHORIZED REPRESENTATIVE |
| This agreement confirms I have chosen the person named below as my authorized representative (AR) for my Food Assistance (FAP) benefits. They will be able to use my FAP benefits to purchase food for my household. **Any funds spent by the AR will not be replaced.** The Bridge Card will be mailed to my address. The AR will need the last four digits of my Social Security number to select a personal identification number. The AR **may** complete training and **must** provide the department with acceptable proof of his/her identity whenever they come into the local office. |
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|  | Name of Authorized Representative |  | Phone Number |  |
|  |
|  |       |  | Gender |  |
|  | Street Address |  | [x]  Male [x]  Female |  |
|  |
|  |       |  | Birthdate |    |    |      |  |
|  | City/State/Zip |  |  | Month | Day | Year |  |
|  |
| It is my responsibility to notify the EBT hotline (888-678-8914) and my MDHHS specialist to cancel this authorized representative. |
|  |
|  |  |  |       |  |
|  | Client Signature |  | Date |  |
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| Case Name | Case Number | Specialist |
|       |       |       |
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| The Michigan Department of Health and Human Services (MDHHS) 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. |
| **AUTHORITY: 7 CFR 273.2(n) RESPONSE: Voluntary PENALTY: None** |
| This institution is an equal opportunity provider. |