

**Clermont County Department of Job & Family Services
Applicant/Recipient Authorization for Authorized Representative**

Name & Address of Person Asked to Act	FOR OFFICE USE ONLY
	Case Name Case No.
	Name of CDJFS Representative
	Unique Identifier Date Requested

I agree that the person named above may act as my authorized representative to Clermont County Department of Job & Family Services, performing the following duties and providing the following information:

- Make application on my behalf for Public Assistance
- Secure and provide all necessary information and verification required during the application process.

This information will used to:

- Determine eligibility for:
 OWF
 Medicaid
 Food Stamps
- Other Program (specify): _____
- Other use (specify): _____

I am aware of my responsibilities to report completely and fully all facts which bear upon my eligibility for public assistance. I realized that if the requested information reveals that I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Signature of Applicant	Date
Signature of Authorized Representative	Date
Witness	Date