

Authorization Form

I, the organization and persons named below, or any other person/attorney designated said person or organization, to be my authorized representative, and to represent me, relative to my public social services matter, **or any other matter**, including the right to make statements on my behalf, or the filing for any fair hearing and the initiation of any litigation.

This authorization shall also be construed as an authorization to release any and all information to organization and person designated by them, including an attorney.

I further authorize said organization and persons designated by them to apply for and represent me during all aspects of the application process or any other matter relative to the process of eligibility determination for any and all benefits that I and/or my family may be eligible for.

Name of Customer/Client

Name

Last Name

Address

City/ZIP

Telephone

Signature _____ Dated: _____

Name of Person and Organization

Name

Last Name

Address

City/ZIP

Telephone

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