

JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

125 SOUTH FIFTH STREET - STEUBENVILLE, OHIO 43952

PHONE - 740-282-0961

FAX - 740-282-5765

CLIENT'S DESIGNATION FOR AUTHORIZED REPRESENTATIVE

I Authorize _____ to act on my behalf and to represent me in the following situations:

(Please check the box(es) that apply)

- To make an application on my behalf. This includes completing the application form, participating in the interview, providing the verifications and necessary documents needed in order to determine eligibility.
- To act as my contact person.
- To act on my behalf for a county conference for a state hearing.
- I authorize my representative for all of the above.
- Other (explain): _____

Name of Authorized Representative

Relationship to Applicant/Recipient

Address

Telephone Number

This designation is effective:

- From _____ To _____
- Until my next re-application/redetermination

Signature of Applicant/Recipient

Date