

JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

125 SOUTH FIFTH STREET - STEUBENVILLE, OHIO 43952

PHONE - 740-282-0961

FAX - 740-282-5765

GUARDIANSHIP - AUTHORIZED REPRESENTATIVE FORM

Do you have a legal guardian appointed by the court? Yes No

Name of legal guardian: _____
Relationship: _____
Address: _____

Phone Number: _____

Do you wish to name an authorized representative? Yes No

Name of authorized representative: _____
Relationship: _____
Address: _____

Phone Number: _____

I authorize, _____ To act on my behalf and to represent me in the following:

Please check all that may apply to your situation

- To make an application on my behalf. This includes completing the application form, participating in the interview, providing verification and necessary documents in order for the agency to determine eligibility.
- To act as my contact person.
- To act in my behalf for a state hearing or county conference.
- All of the above.

This designation is effective

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

Signature of client

Date

Signature of witness

Date