

**ARIZONA DEPARTMENT  
OF ECONOMIC SECURITY  
Family Assistance  
Administration**

**AUTHORIZED  
REPRESENTATIVE  
REMOVAL**

**Nutrition Assistance  
Cash Assistance  
Medical Assistance  
Tuberculosis Control**

**Case Name (*Last, First,  
M.I.*):**

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**See pages 9-13 for USDA/  
EOE/ADA disclosures**

**Case Number:**

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**HEAplus App ID:**

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**Date:** \_\_\_\_\_

**You can remove a person as your Authorized Representative at any time. Removing a person's permission to be your Authorized Representative does NOT affect any action taken or information provided by the Authorized Representative**

**while the Authorized Representative had permission to act on your behalf.**

## **REMOVE AUTHORIZED REPRESENTATIVE**

**I want to remove the person identified below as my Authorized Representative. I understand that this person will no longer be able to:**

- **Complete my application, forms and other**

**Department  
paperwork for me.**

- **Attend eligibility interviews and conduct telephone eligibility interviews for me.**
- **Provide my proof of income, resources and other case information, and report and verify changes in my case circumstances for me.**
- **Receive my notices and other mail from**

**the Department for  
me.**

- **Get any of my case information from the Department.**

**AUTHORIZED  
REPRESENTATIVE  
INFORMATION**

**Person's Name (*Last, First, M.I.*):**

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**Person's Mailing Address (*No., Street*):**

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**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP Code:** \_\_\_\_\_

**Person's Phone Number  
(*Include area code*):**

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## **CLIENT'S SIGNATURE**

**Please read the following  
statements carefully.**

**Your signature below  
means you have read,  
understand and accept  
these statements.**

- I certify that I have  
read and understand**

**the information on this form.**

- **I understand that I am responsible for any errors, omissions or inaccurate information that my Authorized Representative reported to the Department of Economic Security while the Authorized Representative had permission to act on my behalf.**

- **I understand that I must notify the Department of Economic Security, in writing, if I need to appoint a new Authorized Representative.**

**Client's Signature:**

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**Date:** \_\_\_\_\_

**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available**

**in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.**

**To file a program**

**discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/USDAProgramComplaintForm-SpanishSection508Compliant.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone**

**number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**

**1. mail:**

**Food and Nutrition  
Service, USDA  
1320 Braddock Place,  
Room 334  
Alexandria, VA 22314;  
or**

**2. fax:**

**(833) 256-1665 or  
(202) 690-7442; or**

**3. email:**

**[FNSCIVILRIGHTS  
COMPLAINTS  
@usda.gov](mailto:FNSCIVILRIGHTS.COMPLAINTS@usda.gov)**

**This institution is an equal opportunity provider.**

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**To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.**