

Program:	Branch:	Case number:
Case name:		Worker ID:

## Authorized Representative and Alternate Payee

You may choose someone to be an authorized representative, alternate payee or both. Please use this form to tell us about the person you have chosen. You must sign this form. The authorized representative and/or the alternate payee must also sign this form. This form will be used to inform you if an authorized representative or alternate payee is chosen for you by the Department of Human Services (DHS).

Client's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Client's Social Security number, case number or OHP ID number: \_\_\_\_\_

### Assigning an authorized representative

#### Rights and liability of an authorized representative

An authorized representative may do things such as the following for the client(s): Sign and submit applications and renewals, report changes, and receive copies of notices and other communication.

**An authorized representative acts on behalf of the client(s) for the DHS and Oregon Health Authority (OHA) programs they apply for or receive (except the Temporary Assistance for Domestic Violence Survivors program and in some cases long-term care services). This will apply to all clients on the case.** The authorized representative listed on this form will replace any previously designated authorized representatives on the case.

The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- A client on the case tells DHS or OHA that they want to end this approval; or
- The authorized representative tells DHS or OHA that they want to end this approval; or
- The person or organization is no longer permitted to act as the client's authorized representative

*If the authorized representative gives wrong or incomplete information to DHS or OHA and the information results in an overpayment, the clients and any other liable parties will have to pay back what they should not have received. If the authorized representative knowingly withholds or gives wrong information, the authorized representative will also have to pay it back.*

*The authorized representative must maintain the confidentiality of any information provided by DHS or OHA regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.*

Oregon Administrative Rules: 461-115-0090, 410-200-0111

Authorized representative information	
Name ( <i>Last, first</i> ) <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	Date of birth <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
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Authorized representative agreement <input type="checkbox"/> Check here if department designated	
Client signature	Date signed
Authorized representative signature	Date signed

## Assigning an alternate payee

Rights and responsibilities of an alternate payee	
<p>An alternate payee may use program benefits on the client(s) behalf. If the alternate payee misuses the program benefits, the client cannot get them back.</p> <p>The person or organization chosen as the alternate payee will remain the alternate payee until:</p> <ul style="list-style-type: none"> <li>• A client on the case or their authorized representative tells DHS or OHA that they want to end this approval; or</li> <li>• The alternate payee tells DHS or OHA that they want to end this approval; or</li> <li>• The person or organization is no longer permitted to act as the client(s) alternate payee</li> </ul> <p>Oregon Administrative Rules: 461-165-0035</p>	
This person or organization is my alternate payee for:	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) or Refugee Assistance Programs (REF)	<input type="checkbox"/> General Assistance — Utility and Personal Incidental Funds (GA) <input type="checkbox"/> Oregon Supplemental Income Program (OSIP)
Alternate payee information	
Name ( <i>Last, first</i> ) <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	Date of birth <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
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Alternate payee agreement <input type="checkbox"/> Check here if department designated	
Client signature:	Date signed:
Alternate payee signature:	Date signed:

## **Our non-discrimination policy**

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons. To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office  
500 Summer Street NE, E17  
Salem, OR 97301

Fax: 503-378-6532

Email: [DHS.info@state.or.us](mailto:DHS.info@state.or.us)

**“Equal opportunity is the law!”**