

## Submission of Financial Assistance Application on Behalf of Applicant

### COMPLETE THIS FORM IF SOMEONE OTHER THAN THE APPLICANT SIGNED THE FINANCIAL ASSISTANCE APPLICATION

If you are signing the financial assistance application on behalf of an applicant who is age eighteen (18) or older, please complete **Section A**, **Section B**, and **Section C**; and submit this authorization form along with proof of legal authorization. Failure to submit this form and proof of legal authorization may result in a denial of financial assistance. The authorization in **Section D** may be used by the applicant to allow you to apply for financial assistance on his/her behalf.

#### SECTION A: APPLICANT INFORMATION

Applicant's Name	<div>Last Name</div>	<div>First Name</div>	<div>Middle Initial</div>
Social Security Number	<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>

#### SECTION B: INFORMATION FOR PERSON SIGNING APPLICATION ON APPLICANT'S BEHALF

Name of Person Signing Application	<div>Last Name</div>	<div>First Name</div>	
Relationship to Applicant	<div></div>	Phone <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
Address	<div>Number</div>	<div>Street</div>	<div>Apt. Number</div>
	<div>City</div>	<div>State</div>	<div>Zip Code</div>

*If a representative of a facility/company/agency is signing application, provide the following information:*

Name of Facility/Company/Agency	<div></div>		
Address	<div>Number</div>	<div>Street</div>	<div>Suite Number</div>
	<div>City</div>	<div>State</div>	<div>Zip Code</div>
Name of Representative	<div>Last Name</div>	<div>First Name</div>	
Title	<div></div>	Phone <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

## SECTION C: REASON FOR SUBMISSION

**INSTRUCTIONS:** If you are signing the financial assistance application on behalf of the applicant, you must provide the authorization/legal document authorizing you to apply on the applicant's behalf OR attest that the applicant is incompetent or incapacitated. Please check the appropriate boxes below. Attach the authorization to this form and sign and date below. For any of the documents supplied, they must be recorded by the appropriate county office and/or signed by a notary along with their imprint seal or stamp.

- ☐ I have authorization to apply on behalf of the applicant.  
(Check the box for the type of authorization you have and submit the authorization OR complete Section D below.)

☐ Guardianship Document

☐ Power of Attorney (POA) Document

☐ Other Written Authorization (Specify) \_\_\_\_\_

- ☐ I attest that the applicant is incompetent or incapacitated. S/he is unable to sign the application herself/himself and is unable to provide written consent for me to apply on his/her behalf. Please attach supporting documentation.

Signature of Person Completing This Form \_\_\_\_\_

Date Signed \_\_\_\_\_

## SECTION D: AUTHORIZATION TO APPLY ON APPLICANT'S BEHALF

**INSTRUCTIONS:** If the applicant would like to provide the below authorization allowing you to represent him/her in applying for financial assistance, the applicant or his/her legal representative or spouse must sign the authorization below.

**NOTE:** If a legal representative or spouse is signing this authorization, please include the legal document giving him/her authority to act on behalf of applicant.

**THIS SECTION DOES NOT APPLY TO APPLICATIONS FOR FUNERAL EXPENSES.  
PLEASE CONTACT YOUR SOCIAL WORKER FOR FURTHER INSTRUCTIONS.**

I authorize the person or the facility/company/agency named in **Section B** of this form to represent me in the financial assistance application process.

Signature of Applicant/Legal Representative/Applicant's Spouse \_\_\_\_\_

Date Signed \_\_\_\_\_

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