 **Authorized Representative Form**

This form is for choosing someone to get food from the pantry, get help with paying bills or for transportation, or access other SACA services and resources for your household in your place.

**1. Client Information**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# in household** \_\_\_\_\_\_\_\_\_ **L2F#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

**2. I choose the following person to be the authorized representative for my household:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. This person may assist with (✓ all that apply):**

🞏 Getting food from the pantry

🞏 Working with SACA staff to get help paying bills, get help with transportation, etc.

🞏 Accessing other services and resources at SACA

**4. This person may represent me until (✓ one):**

🞏 I ask SACA to end this agreement

🞏 The following date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**5. For the Client:**

By signing below, I give permission to the person named above and as marked above to represent my household at Silverton Area Community Aid. I also agree to work with this person to make sure I meet the eligibility guidelines before sending them to SACA. I also understand that I may still come in to SACA to represent my household, as well.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client Signature Date

**6. For Authorized Representative:**

By signing below, I agree to represent the client named above as marked above at Silverton Area Community Aid. I also agree to make myself aware of the eligibility guidelines and to work with the client to know if they are eligible prior to coming in to pick up food, get help with bills, or any other services offered by SACA.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Representative Signature Date

***For SACA Staff Use Only***

**Staff Initials \_\_\_\_\_\_\_\_ Date note entered on L2F profile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**