

COUNTY OF LOS ANGELES

**Authorized Representative Designation for
Cash Benefits**

Date:
Case Name:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

CASE NAME

CASE NUMBER

You may authorize someone to help with your Cash Aid benefits. This person can also help you with the interview process, help you complete forms, report changes for you, and pick up, receive, and use your Cash benefits on your behalf.

I authorize the person identified below to act as my/the household's Authorized Representative (AR) to: (check the boxes that apply)

Assist with my application for Cash Aid. This person may also help me complete forms and report changes on my behalf.

Pick up, receive, and use my Cash benefits (i.e., General Assistance/General Relief (GA/GR), & Cash Assistance Program for Immigrants (CAPI)) on my behalf.

Person/Facility Authorized:

Name	Relationship
(IF FACILITY, ENTER FACILITY NAME)	
Address	Phone Number ()

The AR is needed to act on my/the household's behalf because:

I understand that I am liable for any Cash overpayment which results from erroneous information given by the Authorized Representative and any benefits I did not want the AR to spend will not be replaced.

DATE SIGNATURE OF PAYEE / PRIMARY APPLICANT

DATE SIGNATURE OF COUNTY REPRESENTATIVE (IF APPLICABLE)