	<b>Division/Section</b>	Family Support
	<b>Chapter No./Name</b>	04 – Economic Stability (ES)
	<b>Part No./Name</b>	C – CASE PROCESSING
	<b>Section No./Name</b>	C-100-FITAP-SNAP HOUSEHOLD DETERMINATION
	<b>Document No./Name</b>	C-170-SNAP Authorized Representative
	<b>Effective Date</b>	October 1, 2017

## I. STATEMENT OF POLICY

The head of the household or other responsible household member may name an authorized representative to apply for benefits for the household. The authorized representative is someone who may act on the household's behalf to obtain and use benefits for the household and conduct business with the agency for the household. The authorized representative has the same rights and responsibilities as the client.

Explain that the household will be held responsible if an overissuance occurs because an authorized representative gives incorrect information.

### C-171-SNAP - PO RESTRICTIONS ON AUTHORIZED REPRESENTATIVE

Persons disqualified from SNAP because of an intentional program violation, fleeing felon restrictions, \* or \*\* probation/parole violation \*\*\* and non-household members living with the household may serve as authorized representative only if:

- no other adult is reasonably able to be an authorized representative, or
- that person is the only adult living with the household.

If no one else is available to act as authorized representative, Economic Stability (ES) employees and retailers authorized to accept the Louisiana Purchase Automated Benefit Card may serve as authorized representative only if the \* ES \*\* Manager \*\*\* gives written approval.


Under no circumstances shall an employee who is an authorized representative on a case take any action on that case. This includes, but is not limited to, certification action, interim changes, and requests for new EBT cards.

The agency may limit the number of households an authorized representative may represent in order to prevent program abuse. However, such limitations must only be set on a case-by-case basis with supervisory approval after cause has been established. If the parish office cannot establish cause and continues to suspect program abuse, the case should be referred for fraud investigation using normal procedures.

### C-172-SNAP - PO AUTHORIZED REPRESENTATIVE APPLYING FOR HOUSEHOLD

When the head of household or another household member cannot apply, a non-household member may be designated. This person must be:

- An adult.
- Designated in writing by the head of the household or another responsible household member. This designation must include the name and address of the person chosen as an authorized

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representative, the signature of the household member making the choice, and the date. Designation made by a blind head of household requires 2 witnesses.

If the designation is made by a household member who cannot sign his name, his mark must be witnessed by someone other than the authorized representative.

An authorized representative may be designated by completion of:

- the authorized representative item on form [OFS 4APP](#), or [OFS 4MR](#),
- the Supplemental Nutrition Assistance Program (SNAP) [4AR](#), or
- a written statement signed by the head of household, the spouse, or another responsible member of the household. The document must be scanned and indexed into OnBase.

Note: An individual who has a General Power of Attorney for the head of household may act as authorized representative without an additional written statement signed by the head of household.

**\* Note: If the head of the household completes an application in CAFÉ and names an authorized representative, this is considered designated in writing. \*\***

- Aware of the household circumstances. Except for drug/alcoholic treatment centers or group living facilities acting as authorized representative, the client is liable for any overissuance resulting from inaccurate information that the authorized representative gives.

The authorized representative applying for the household must sign the application.


If an authorized representative applies for the household, the identities of both the authorized representative and the head of the household must be verified.

EXCEPTION: If it is necessary to meet expedited service time limits, you may verify identity only of the authorized representative being interviewed.

## **C-173-SNAP - PO DISQUALIFICATION OF AUTHORIZED REPRESENTATIVE**

If the local office obtains evidence that an authorized representative has misrepresented a household's circumstances, knowingly provided false information, or made improper use of benefits, the local office must disqualify the authorized representative from participating as an authorized representative for up to one year.

Use form [SNAP 13A](#) to notify the household and the authorized representative 30 days prior to the date of disqualification.

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## C-174-SNAP - PO AUTHORIZED REPRESENTATIVE DOCUMENTATION REQUIREMENTS

Enter the name and address of the authorized representative in the case record. Document on the [Form 4APP](#) or file the written statement in the case record.

If a person disqualified for intentional program violation, fleeing felon restrictions, \* or \*\* probation/parole violation \*\*\* is appointed, document that no one else is available to be an authorized representative. Document in the narrative. Documentation is required when an ES employee or retailer employees are approved as authorized representative.

### II. PROCEDURES

When the household chooses an authorized representative (AR), enter the name of the Authorized Representative on the LAMI Register/Maintain Case Screen.

### III. FORMS AND INSTRUCTIONS

[OFS 4APP Form/Instructions Application For Assistance](#)

[OFS 4APPSP Form/Instructions Application For Assistance](#)

[OFS 4APP\\_VN Form/Instructions Application For Assistance](#)

[OFS 4MR Form/Instructions Application For Continued Assistance](#)

[OFS 4MRSP Form/Instructions Application For Continued Assistance](#)

[OFS 4MR\\_VN Form/Instructions Application For Continued Assistance](#)

[SNAP 4AR Form/Instructions Authorized Representative Designation Form](#)

[SNAP 13A Form/Instructions Action Taken On Your Supplemental Nutrition Assistance Case](#)

[SNAP 13ASP Form/Instructions Action Taken On Your Supplemental Nutrition Assistance Case](#)

[SNAP 13A\\_VN Form/Instructions Action Taken On Your Supplemental Nutrition Assistance Case](#)

### IV. REFERENCES

[7CFR 273.2\(c\)](#)

[LAC 67:III, Chapter 19, Subchapter B](#)