



Commonwealth of Massachusetts  
Department of Transitional Assistance

Request for Authorized Representative- Authorized  
Agency-Authorized Payee

Office Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Office Address \_\_\_\_\_

\_\_\_\_\_

**Food Stamp Benefits**

I authorize \_\_\_\_\_ to act as my representative for application  
**Print Name of Authorized Person**  
and recertification of food stamp benefits only.

I authorize \_\_\_\_\_ to act as my representative for transaction  
**Print Name of Authorized Person**  
of food stamps benefits only.

I authorize \_\_\_\_\_ to act as my representative for transaction  
**Print Agency Name**  
of food stamps benefits only. I \_\_\_\_\_ am authorized by the above  
**Print Agency Representative Name**  
agency to receive the EBT card that will be used for transaction of food stamp benefits only.

\_\_\_\_\_  
**Administrative Office Address**

I authorize \_\_\_\_\_ to act as my representative for **both**  
**Print Name of Authorized Person**  
application and recertification of food stamp benefits and transaction of food stamp benefits.

\_\_\_\_\_  
Print Recipient's Name

\_\_\_\_\_  
Recipient's Telephone

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Recipient's SSN

\_\_\_\_\_  
Authorized Representative's Signature or Agency  
Representative's Signature (for authorization only)

\_\_\_\_\_  
Authorized Representative's SSN or Agency's FEIN

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Worker's Telephone

## Cash Benefits

I authorize \_\_\_\_\_ to act as my authorized payee for all cash transactions on my behalf.  
Print Name of Authorized Payee

\_\_\_\_\_  
Print Recipient's Name

\_\_\_\_\_  
Recipient's Telephone

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Recipient's SSN

\_\_\_\_\_  
Authorized Payee's Signature (for authorization only)

\_\_\_\_\_  
Authorized Payee's SSN

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Worker's Telephone

## YOUR RESPONSIBILITY

**You must call 1-800-997-2555 to stop the person(s) you chose from being your Authorized Representative and/or Payee. If you do not call to stop the person(s) from being your Authorized Representative and/or Payee, he or she will continue to have access to your benefits even if your case closes and reopens at a later date.**