## **Designation of Authorized Representative**

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact the Marketplace or the Department of Social Services in the County where you live (<a href="http://www.ncdhhs.gov/dss/local/">http://www.ncdhhs.gov/dss/local/</a>). If you're a legally appointed representative for someone on this application, submit proof with the application.

1. Name of Applicant/Beneficiary				
2. Name of Authorized Representative				
3. Address				Apt/Suite #
4. City	5. State		6. Zip code	
7. Phone Number ( ) -		Language Preference		

- I understand that by signing this authorization, I am allowing the above-named individual to sign my application, complete my re-enrollment/redetermination, get official information about my case status, and act for me on all future matters with this agency.
- I understand that by signing this authorization, my authorized representative may view and discuss any information contained in my case file or pertaining to my case other than information from another source specifically designated as "Confidential" or "Do Not Release").
- I understand that my authorized representative and I are responsible for any incorrect or incomplete information provided.
- I undestand that I may revoke this designation of Authorized Representative at any time.

Applicant/Beneficiary Signature	Date
Authorized Representative Signature	Date