

ERIE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

**221 West Parish Street
Sandusky, Ohio 44870
http://www.eriecounty.oh.gov**

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IN-52 (REV 3/05)

Case Name _____

Case Number _____

AUTHORIZED REPRESENTATIVE

I authorize _____ to function as my authorized representative for the following:

(Please check all that apply)

- Apply or reapply for assistance on my behalf.
- Report changes in my income since they help me manage my money and are ***Protective Payee*** on my checks.
- Assist me in reporting address changes.
- Request hearings on my behalf and represent me at a County Conference / State Hearing.
- Act as an interpreter allowing the agency worker to discuss all aspects of my case with the above authorized representative.
- Act on my behalf for any computer matches.
- Specify _____

Signature _____
(Case Name)

Date _____

Authorized Rep _____

Date _____

Address _____

WITNESS _____