



Appointment of an Authorized Representative To Allow Another Person to Act for You

If you want, you can give someone the right to act for you (an authorized representative).

That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with this form.

1. Contact Information

Client name or Applicant		Case number
Name of person who can act for you (authorized representative)	Organization	
Address of person who can act for you (authorized representative)		
Telephone number of person who can act for you (authorized representative)		

2. The authorized representative is your:

- Power of attorney
- Court-appointed guardian (give end date):
- Other (tell us about your relationship):

3. Sign below if you want the person you are listing on this form to be your authorized representative.

By agreeing to act as your authorized representative, I agree to:

- fulfill all your responsibilities related to Medicaid;
- keep information about you private;
- obey state and federal laws about conflict of interest and keeping information private, including:
 1. laws that protect information on people who apply for or receive Medicaid (42 CFR part 431, subpart F);
 2. laws about the privacy and safety of personally identifiable information (45 CFR §155.260(f)); and
 3. laws barring the state from paying anyone other than your provider or you for Medicaid services, except in a few circumstances (42 CFR §447.10).

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

Person who agrees to be the authorized representative: **The client or applicant:**
(This person must be age 18 or older.)

Signature

Date

Signature

Date