

APPOINTMENT OF AUTHORIZED AGENT

I, _____ do hereby appoint _____ with the following organization _____ to be my Agent for the following programs administered by the Department for Children and Families (DCF) and The Kansas Department of Health and Environment (KDHE):

medical assistance food stamps cash assistance child care

As my Agent, said representative shall be authorized to receive any and all communications from DCF and KDHE regarding the selected programs. My Agent will be further authorized to receive information regarding my case upon request and may represent my interests in any fair hearing or appeal.

This designation shall remain in effect until changed by my Agent, or by me, or until I am no longer eligible for any of the above named programs.

In witness thereof, I affix my signature hereto on this _____ Day of _____, 20____.

Signature

Witness

Witness