Government
of
The Virgin Islands of the United States
Department of Human Services-Division of Family Assistance

ST. Thomas	ST. Croix	ST. John
DHS, Certification Unit 1303 Hospital Ground, STE 1 St. Thomas, VI 00802-6672 Email: certoffice.stt@dhs.vi.gov Phone: 340-774-2399 or 340-774-0930	DHS, Certification Unit 4102 Mars Hill Frederiksted, VI 00840-3375 Email: certoffice.stx@dhs.vi.gov Phone: 340-772-7100	DHS, Certification Unit Multi-Purpose Building, 300 Enighed and Contant Cruz Bay, St. John Email: certoffice.stt@dhs.vi.gov Ph. (340) 774-6334, (340) 774-0930 Ext. 4275 Ph. (340) 725-6221

Mail: Please use St. Thomas' mailing address

AUTHORIZED REPRESENTATIVE DESIGNATED

You can designate a non-household adult member who is sufficiently aware of your household circumstances to act on your household's behalf for the Supplemental Nutrition Assistance Program (SNAP) and/or for the CASH Program.

The following persons are restricted from acting as an Authorized Representative:

- ✓ DHS employees who are involved in the certification or issuance process.
- ✓ Retailers who are authorized to accept SNAP benefits.
- ✓ An individual disqualified for an Intentional Program Violation during the disqualification period.
- ✓ If the agency has determined that an authorized representative designee knowingly provided false information about household circumstances or has made improper use of benefits.
- ✓ An Authorized Representative Designated who is representing two households (not applicable to a representative of a drug or alcohol treatment center)
- ✓ Homeless meal providers for homeless SNAP recipients, such as soup kitchens and temporary shelters that feed homeless SNAP recipients.
- ✓ Any restaurant that contracts with DHS to offer meals at low or reduced prices to homeless SNAP recipients.

I_____ hereby designate _____as my Authorized Representative
Head of Household's Name — Authorized Representative Designated Name

Designee to act on behalf of my household. **Please check the appropriate box to designate the program/s.**

- ☐ SNAP
- ☐ CASH

Please check the purposes below.

- ☐ Application Processing
- ☐ Recertification
- ☐ Reporting
- ☐ To use my EBT card to purchase food for me or my SNAP household.
- ☐ To have my CASH benefits deposited in the bank account of my authorized representative designated.
- ☐ To spend my CASH benefits for me or my CASH household members' wellbeing

Household Acknowledgement

I, _____ understand that my household would be held liable for any overpayment resulting from false or
Head of Household Name
inaccurate information that has been given by my authorized representative designated.

Name: _____

Signature/Mark: _____ Date: _____

If a Mark is used instead of a signature, please have a witness complete the information below.

Name of Witness: _____

Witness Signature: _____ Date: _____

Mailing Address: _____

Contact Number _____

Authorized Representative Designated Acknowledgement

I accept and understand that the household has designated me to act on their behalf.

I am fully aware and understand that a person connected to the household, such as an authorized representative designated who actually trafficks or otherwise causes an overpayment, is responsible for paying a claim.

Authorized Representative Designated Name: _____ **Social Security Number** _____

Mailing Address: _____

Email Address: (if any) _____

Signature: _____ **Contact Number:** _____ **Date:** _____

De tener alguna duda o pregunta. Favor de comunicase, con la oficina del distrito.

FOR DHS USE ONLY

Case Name: _____ Certification
Case Name: Case Number _____ Unit Employee
_____