

## Facility Authorized Representative Interview

### Part A – Facility Information

Facility Name			
Facility Address			
Mailing Address			
Phone Number	Fax Number	Type of Program	Number of Residents
Authorized Representative Name		Identification Viewed	

### Part B – Initial Authorized Representative Statement

I understand that by acting on the facility's behalf as an authorized representative, I cannot withdraw Supplemental Nutrition Assistance Program (SNAP) benefits from the account of an individual who is no longer a resident in the above-named facility and program. I also understand the responsibilities of an authorized representative outlined on Form H1851, Reference Guide for Drug and Alcohol Treatment (D&A)/Group Living Arrangement (GLA) Facilities.

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Authorized Representative's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Advisor's Signature

\_\_\_\_\_

Date

### Part C – Acknowledgement of Receipt Statement

I acknowledge that I have either received the following forms and/or they have been made available to me:

- Form H1851, Reference Guide for Drug and Alcohol Treatment (D&A)/Group Living Arrangement (GLA) Facilities
- Form H1852, List of Resident Participants in the Supplemental Nutrition Assistance Program (SNAP)
- Form H1019, Report of Change, and Form H1019-S, Report of Change (Spanish)
- Postage-paid envelopes for the local Texas Health and Human Services Commission (HHSC) benefits office

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Authorized Representative's Signature

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Date

\_\_\_\_\_

Advisor's Signature

\_\_\_\_\_

Date