

**AUTHORIZATION FOR RELEASE OF INFORMATION
AUTHORIZED REPRESENTATIVE**

Case Name:	
Case Number:	
Worker Name:	
Worker Number:	
Worker Telephone:	
Date:	

You may authorize someone 18 years of age or older to help your household with your benefits. This person can also speak for you at the interview, help complete forms, and report changes for you. You will have to repay any benefits you may get by mistake because of the information this person gives the County. If you are an Authorized Representative, you will need to provide Alameda County with proof of identification for yourself and the client.

I, _____, mailing address at _____
 (Client Name) (Street Address) (City/State/Zip Code)

do hereby authorize the person listed below to act as my representative and **to release and discuss all information regarding my case** for (check all that apply):

- CalFresh
 CalWORKs/RCA
 General Assistance

Authorized Representative Name (print)	Relationship to Client
Authorized Representative Address	Authorized Rep Phone #
Client Signature	Date

I, _____, mailing address at _____
 (Client Name) (Street Address) (City/State/Zip Code)

do hereby authorize the following person **to receive and spend the following benefits for me:**

- CalFresh
 CalWORKs/RCA
 General Assistance

Authorized Representative Name (print)	Relationship to Client
Authorized Representative Address	Authorized Rep Phone #
Client Signature	Date

