



APPROVED REPRESENTATIVE CONSENT FORM

APPROVED REPRESENTATIVE'S INFORMATION (PLEASE PRINT LEGIBLY OR TYPE)

Name: AgeOptions

Address: 1048 Lake Street Suite 300

City: Oak Park

State: IL

Zip Code: 60301

Telephone Number: 708-383-0258

CLIENT SECTION

I want the person named above to apply for cash, medical and/or Food Stamp benefits for me and/or my family. I understand that I am still responsible for the information that my representative gives to the Department.

Client's Signature (or mark): _____

Signature of Witness

(if client signed with a mark): _____

Date: _____

REPRESENTATIVE SECTION

I have talked to the client about why they are signing this form. I (or the company I represent) will submit to the Illinois Department of Human Services a request for cash, medical, and/or Food Stamp benefits on their behalf. I have also told this client that DHS needs to have certain facts to make a correct decision on their eligibility for benefits.

I have told the client that they need to cooperate with DHS to obtain any needed verification(s) for the eligibility decision.

Representative's Signature: _____

Relationship to Client: _____