Washington State Department of Social & Health Services
Transforming lives

Authorized Representative

Washington State Health Care Authority

An Authorized Representative is someone you select to represent you when you apply for or receive benefits with the Department of Social and Health Services (DSHS) or Health Care Authority (HCA). The individual or organization you name is authorized to act on your behalf for eligibility purposes. Having an authorized representative is optional; DSHS or HCA cannot withhold benefits if you do not sign this form.

Client Information
NAME
ACES CLIENT ID NUMBER
Authorized Representative Information
NAME
ORGANIZATION AND DEPARTMENT (IF APPLICABLE)
PHONE NUMBER (AREA CODE)

Barcode label

14532

PHONE NUMBER (AREA CODE)

MAILING ADDRESS, CITY, STATE, ZIP CODE

Program and Duration Information

Which program(s) do you want your authorized representative to act on in your behalf? Check all that apply.

- ☐ Cash Benefits
- ☐ Basic Food Benefits
- ☐ Health Care Coverage
- ☐ Long-term Services and Supports

How long do you want your authorized representative to act on your behalf?

- ☐ 90 days
- ☐ Ongoing

Ongoing representatives for cash and basic food expire at the end of each certification period. Representatives for medical coverage expire upon request, or upon death of the individual or their representative.

For all programs, you may remove or cancel your request for an authorized representative at any time, verbally or in writing, without any impact on benefits.

Correspondence Information

	For Department Use Only **Rep Type**
Please check the level of information or benefits you want your authorized representative to receive. **For Cash, Basic Food, Health Care Coverage or Long-Term Services and Supports (check only one of the four boxes below)**	
☐ Discuss my eligibility for benefits with a DSHS/HCA representative and not receive letters.	**NC**
☐ Receive DSHS/HCA letters and discuss my eligibility for benefits.	**NO**
☐ Receive DSHS/HCA letters, renewal forms and discuss my eligibility for benefits.	**AD**
☐ Receive DSHS/HCA letters, renewal forms, ProviderOne cards and discuss my eligibility for benefits. Your representative will receive your DSHS cash benefits.....	**NA**

For Health Care Coverage Only (check either box below if applicable)	
☐ Hospital representative – receive letters and discuss my eligibility for benefits.	**HO**
☐ Sponsor paying premiums. Sponsors' name and address sent to Office of Financial Recovery.	**SB**

Client Authorization
AUTHORIZED BY (CLIENT SIGNATURE)
DATE SIGNED
PRINT NAME
PHONE NUMBER (AREA CODE)

NOTE: HIPAA restrictions prevent us from discussing the client's individual health information with the authorized representative unless the representative has power of attorney for the client or the client has signed a

DSHS 14-012, Consent form. This includes disclosure of mental health information, HIV/AIDS and STD test results, or treatment and chemical dependency services.

For Department Use Only - Instructions

Rep Type – ACES does not limit the Rep Type selections to the codes listed above. If a program requires a Rep Type not listed above or if one of the above codes is selected but is not appropriate for the situation (such as for a group home, protective payee, etc.) enter the appropriate program specific Rep Type on the AREP screen.