

**ST. LAWRENCE COUNTY**  
**DEPARTMENT OF SOCIAL SERVICES**  
CHRIS REDIEHS, COMMISSIONER  
6 Judson Street  
Canton, New York 13617-1196  
(315) 379-2111 (phone) · (315) 379-2108 (fax)

APPOINTMENT OF AUTHORIZED REPRESENTATIVE

**Appointment of Representative**

- I hereby name \_\_\_\_\_ as an Authorized Representative to help me apply for Medical Assistance.
- I authorize said representative to help me make, file, process, and appeal, if necessary, my application for Medical Assistance.
- I also allow said representative to receive copies of all letters and notices having to do with my application for Medical Assistance.

MAILING ADDRESS:

**Disclosure of Information**

I understand that the information that I provide to my Authorized Representative, both verbally and in writing will be utilized to help me apply for Medical Assistance. I further understand that this information must be true and correct, and that my Authorized Representative will not be held responsible for any fraudulent information given by me, to them, for the purposes for applying for Medical Assistance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*"Helping St. Lawrence County residents achieve greater self-sufficiency through our supportive services while maintaining a safe and healthy environment."*