



## **APPOINTING AN AUTHORIZED REPRESENTATIVE (IM-6AR) INSTRUCTIONS**

**Section 1:** The participant names his/her authorized representative (AR) and selects what authority the AR will have.

- Helping with MO HealthNet application;
- Helping with Food Stamp application;
- Helping with Temporary Assistance application;
- Acting ongoing for annual reviews, reporting changes, etc.;
- Accessing my benefits (EBT card);
- Accessing FSD account online communications;
- Accessing FSD account online communications only after I am deceased;
- Or combinations of these options.

**NOTE:** Authorized representatives who are granted access to benefits will receive an EBT card.

Choosing access to FSD account online communications means that the AR may be able to request copies of information that the participant has uploaded to FSD through the participant's online account. If a participant designates an authorized representative to access his or her online FSD account only after the participant is deceased, or if a representative of the participant's estate requests access to the information in the participant's online FSD account, the representative will need to provide the following to receive the information:

- A written request for disclosure in physical or electronic form;
- A certified copy of the death certificate of the participant;
- A certified copy of the letters testamentary or letters of administration of the; or representative or a certified copy of the certificate of clerk in connection with a small estate affidavit or court order.

Space is provided for the participant and his/her spouse or second parent to sign appointing the AR. If only one spouse or second parent signs section one, then the AR will only represent the spouse or second parent who has signed the form.

**NOTE:** The term "second parent" is when both parents are included in the assistance group but may not be married, one parent is designated the caretaker payee and one parent is designated the second parent.

**Section 2:** This section applies to MO HealthNet programs, and is optional for the Temporary Assistance and Food Stamp programs. The participant authorizes release of Protected Health Information (PHI) and other information as necessary to establish or maintain eligibility for MO HealthNet, Food Stamp, and Temporary Assistance programs.

Space is provided for the participant and his/her spouse to sign authorizing release of PHI.

**NOTE:** It is very important that the participant and his/her spouse sign this section if the AR will be receiving any notices or information from Family Support Division. However, you may skip this section if you are appointing your spouse, attorney, attorney-in-fact, guardian, conservator, or court appointed public administrator to act as your authorized representative. If only one spouse signs section two, then the AR will only be able to receive PHI for the spouse who has signed the form.

**Section 3:** The AR must agree and accept the appointment as authorized representative. Part of accepting is acknowledging and understanding the AR is required to protect the privacy of the participant they represent.