



This form must be completed where a representative will be applying for financial assistance or communicating with the Department on behalf of an applicant, recipient or member of a household.

Where the applicant is unable to provide written authorization for someone to act on their behalf, a medical form for the applicant must be submitted which specifies that the applicant is not able to make decisions for themselves.

This form must be submitted with the following documents:

1. Proof of identification for the representative; and
2. Proof of authorization by the applicant; in the form of
 - a. a letter in which a household member authorizes someone, in writing, to act on their behalf;
 - b. a medical form which indicates that the household member is unable to make decisions for themselves; or
 - c. a legal document which authorizes a representative (i.e. a power of attorney/legal guardianship).

Name of Household Member **Application ID**

Date of Birth of Household Member

Physical Address of Household Member

Select your District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Would you like to assign a representative to act on your behalf? Yes No

Does the representative have legal authorization, such as a power of attorney, or guardianship to act on your behalf? Yes No

Please complete the table below:

Full Name of Representative	
Relationship to Representative	
Contact Number of Representative	
Contact Email of Representative	
ID Type and Number of Representative	
Date of Birth of Representative	

Household Member’s Authorization:

I, _____ (household member) authorize the Department of Financial Assistance to provide information about my application or services to the above named individual.

I, _____ (household member) authorize the above named individual to act on my behalf for the purposes of my application or services from the Department of Financial Assistance.

_____ (household member) is unable to provide consent. In this circumstance, the applicant or witness signature below does not need to be completed, but the representative’s authorization does need to be completed.

Signature

Date

Representative’s Authorization:

I, _____ (representative) agree to act on behalf of the applicant or recipient identified above.

Signature

Date

Provide additional comments (if any):

[Empty text box for additional comments]

FOR OFFICE USE ONLY:

DFA Manager [First Name] [Last Name]

Reviewed []

Approved Denied Reason for Denial []

DFA Manager Signature

Date

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky