



APPOINTING AN AUTHORIZED REPRESENTATIVE

INSTRUCTIONS

Parents/guardians applying for child care assistance must use this form to name someone to help with the applications for Child Care Subsidy. This person is called an authorized representative.

If you have a guardian and/or conservator, they must be the one to appoint an authorized representative if you want someone other than them to be your authorized representative. If you have an attorney-in-fact appointed by a valid Power of Attorney under Missouri law, they may appoint an authorized representative on your behalf.

Complete the parent/guardian information in Section 1. Review the authorization information and sign your name in Section 2. Have the person you are appointing as the authorized representative fill out and sign their name in Section 3 to verify that they accept the responsibility.

Return the completed form within 90 days of the date(s) that you and your authorized representative sign and date the form.

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

SECTION 1: PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME	PARENT/GUARDIAN DATE OF BIRTH OR DVN
PARENT/GUARDIAN HOME ADDRESS	
PARENT/GUARDIAN MAILING ADDRESS	
PARENT/GUARDIAN EMAIL ADDRESS	PARENT/GUARDIAN TELEPHONE NUMBER
NAME OF PERSON I APPOINT AS MY AUTHORIZED REPRESENTATIVE:	
My Authorized Representative is one or more of the following (check all that apply):	
<input type="checkbox"/> Spouse <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Attorney <input type="checkbox"/> Public Administrator <input type="checkbox"/> Conservator <input type="checkbox"/> Power of Attorney <input type="checkbox"/> None of these	
I authorize the identified person to help me apply for child care assistance, which is limited to:	
<ul style="list-style-type: none"> • Completing the child care application, including verification for eligibility; • Signing the application on my behalf; • Discussing the application and documents used to verify eligibility with state staff working in the Child Care Subsidy Program; • Sending and receiving notices, forms, or other correspondence regarding the application and application process; and • Receiving notice of the decision made on my application. 	
PARENT/GUARDIAN NAME	PARENT/GUARDIAN DATE OF BIRTH OR DVN

SECTION 2: SELECTION OF THE AUTHORIZED REPRESENTATIVE

Based on your selection above, your Authorized Representative may help you apply for child care assistance, including helping complete the application, submitting verification documents for eligibility, and signing the application on your behalf. The Authorized Representative may also send and receive notices, forms, or other correspondence regarding the application, the application process, and the decision made on your application for child care assistance.

I understand and agree that:

- My authorized representative is allowed to provide and receive personally identifiable information (PII).
- My authorized representative’s authority is limited to child care subsidy and does not include other programs administered by the Department of Elementary and Secondary Education (DESE) or benefit programs administered by other state agencies.
- The person I have appointed is age 18 or older and knows my situation well enough that they can complete my application and act on my behalf. They will not knowingly make a false or misleading statement, hide information, or fail to report any fact or event that is required to be reported by any law, regulation, or rule of this state or the United States.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

SECTION 2: SELECTION OF THE AUTHORIZED REPRESENTATIVE, CONTINUED

- My authorized representative will have access to my personal information, for example, my social security number and financial statements to help me verify my eligibility for child care assistance.
- I must provide my Authorized Representative with true, accurate, and complete information. I am responsible for the information given by my Authorized Representative, including any information that may be incorrect.
- If I provide inaccurate or false information, I may be required to repay any child care subsidy benefits received in error or referred for fraud.
- This authorization is voluntary and can be cancelled at any time by completing and submitting the Revocation of Authorized Representative Form.
- I do not need to sign this form to receive services from DESE.
- I can request a copy of information disclosed to my Authorized Representative.
- DESE has no control of the use of information after the information is given to the Authorized Representative.
- This appointment is valid until: (1) I cancel the appointment by completing and submitting the Revocation of Authorized Representative Form, (2) my Authorized Representative informs DESE or its designee, in writing, that they no longer act as my Authorized Representative, or (3) a decision is made on my application for child care assistance.

If submitting electronically – I have agreed to submit this form by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. I agree

PARENT/GUARDIAN SIGNATURE	DATE
SPOUSE OR SECOND PARENT SIGNATURE (IF APPLICABLE)	DATE

SECTION 3: AUTHORIZED REPRESENTATIVE AGREEMENT AND ACCEPTANCE

REPRESENTATIVE'S NAME	REPRESENTATIVE'S DATE OF BIRTH
REPRESENTATIVE'S MAILING ADDRESS	REPRESENTATIVE'S ORGANIZATION/AGENCY
REPRESENTATIVE'S EMAIL ADDRESS	REPRESENTATIVE'S PHONE NUMBER

I understand and agree that:

- I am age 18 or older and know the applicant's situation well enough to complete their application or act on their behalf.
- I will not knowingly make a false or misleading statement, hide information, or fail to report any fact or event that is required to be reported by any law, regulation or rule of this state or the United States.
- If an organization/agency is identified, I represent the organization/agency named above.
- I have provided proof of my identity to DESE or its designee.
- I agree to be the applicant's Authorized Representative for the reason(s) stated on this form and understand that my authority is limited to (1) helping the applicant complete the application, including verification for eligibility, (2) signing the application on behalf of the applicant, and (3) receiving notices, forms, or correspondence regarding the application, application process and the decision made on the application.
- I will protect the privacy of any information I receive while acting as the Authorized Representative as required by federal, state and local laws, regulations, ordinances, and directives about privacy.

I further understand and agree that:

- If I provide inaccurate or false information, the applicant may be required to repay any child care benefits received in error or referred for fraud.
- This appointment is valid until: (1) the applicant cancels the appointment by completing and submitting the Revocation of Authorized Representative Form, (2) the Authorized Representative informs DESE or its designee, in writing, that they no longer act as Authorized Representative, or (3) a decision is made on the child care subsidy application.
- By signing this form, I will serve as the Authorized Representative for the applicant.

If submitting electronically – I have agreed to submit this authorization by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. I agree

REPRESENTATIVE'S SIGNATURE	DATE
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