**REP**

# Wisconsin Works (W-2) and Related Programs

**Authorization of Participant Representative**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wis. Stats.]

The person who completed the Wisconsin Works (W-2) and Related Programs Application must complete this form.

|  |  |
| --- | --- |
| Agency Name      | Telephone Number      |
| Case Name      | Case Number      |

|  |  |
| --- | --- |
| Name – Authorized Representative (Last, First, MI)      | Telephone Number      |
| Authorized Representative Address (Street, City, State, Zip Code)      |

I authorize       (name of authorized representative listed above) to represent me in my application/review for Wisconsin Works (W-2) or Refugee Cash Assistance (RCA). I also authorize my representative to provide information and documents which may be necessary to establish my eligibility for W-2 and RCA. I will provide information to my representative that will be true and correct to the best of my knowledge. My representative and I understand penalties for providing fraudulent information. I understand that I may be ineligible to participate for 10 years if I am found to have made a false statement or misrepresented my identity or residence in order to receive multiple payments. I may be prosecuted for fraud if I intentionally make false statements to receive payments.

|  |  |
| --- | --- |
| Applicant Signature or Telephonic Signature Interaction ID      | Date Signed      |

As an authorized representative, I understand that I am representing the above named applicant for W-2 or RCA eligibility and that information provided is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| Authorized Representative Signature or Telephonic Signature Interaction ID      | Date Signed      |