

Wisconsin Works (W-2) and Related Programs AUTHORIZATION OF PARTICIPANT REPRESENTATIVE

Personal information you provide may be shared with others only for the purpose(s) of administration of the Wisconsin Works (W-2) program and other related programs [Wis. Statutes, s. 49.83].

Instructions for completing this form:

1. The person who completed the Wisconsin Works (W-2) and Related Programs Application must complete this form.
2. Do not fill in shaded areas.

Agency Name	Agency Telephone Number
Case Name	Case Number
Name – Authorized Representative (Last, First, MI)	Authorized Representative 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.

NOTE: Someone other than your representative must witness your signature. Two witness signatures are required if you sign with an "X."

Applicant Signature	Date Applicant Signed
Witness Signature (Required)	Date Witness Signed
Witness Signature (Required if signed with "X")	Date Witness 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	Date Authorized Representative Signed
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