



**Bay State CAP Enrollment
for Group Home Residents
Request for Authorized Representative**

Print Group Home Resident's Name

Group Home Resident's SSN

I would like to enroll in the Bay State CAP Program

I authorize _____ to act as my representative for application
Print Name of House Manager
and recertification of food stamp benefits only.

I authorize _____ to act as my representative for transaction
Print Agency Name
of food stamps benefits only. I _____ am authorized by the above
Print Agency Financial Officer's Name
agency to receive the EBT card that will be used for transaction of food stamp benefits only.

Administrative Office Address

Administrative Office FEIN

Group Home Resident's Signature

House Manager's Signature

House Manager's Telephone Number

Agency Financial Officer's Signature

Agency Financial Officer's Telephone Number

Please return form no later than 11/23/05.

Malden Centralized SSI Office
200 Pleasant Street—DTA 5th Floor
Malden, MA 02148
Attn: Anne Louise Glynn

Failure to return timely will result in the termination of Bay State CAP benefits.