



Ministry of Public Health, Social Development and Labour
Social Services

-AUTHORIZATION FORM-

I, _____, the undersigned, born on _____, residing at

_____ hereby authorizes the following person to execute the following related services, on my behalf:

Name of Person: _____

ID Number: _____

Phone Number: _____

- submitting application for first time or renewal of the Financial aid
- submitting application for first time or renewal of the Medical card
- submitting application for Legal Aid
- requesting information on status of the requested aid (Medical/ Legal/ Financial)
- collecting of decision on Financial Aid
- collecting of decision on Medical Aid
- collecting of decision on Legal Aid

This authorization is valid effective ____/____/' ____ until ____/____/' ____.
(This is for a maximum of one year)

Signature of Proxy

Date

Relationship

.....
** This section is to be completed only by the applicant*

The undersigned hereby authorizes the above mention person to execute the selected related services:

Name of Person(applicant): _____

This authorization is valid effective ____/____/' ____ until ____/____/' ____

Signature applicant

Date

.....
** This section is to be completed only by the Caseworker*

Date Received : ____/____/' ____

Signature Caseworker : _____