

## Designation of Authorized Representative

This is my designation of \_\_\_\_\_ as my authorized Representative under 42 C.F.R. § 435.923(a) with full authority to assist in filing an application for Medicaid and any request for a fair hearing, and to assist with any and all other matters relating to my application for Medicaid. I hereby certify that I am either signing for myself or that I am an individual or entity accorded authority to act on behalf of the applicant or beneficiary under state law, including but not limited to, a court order establishing legal guardianship or a power of attorney.

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's signature**

Or

\_\_\_\_\_  
An individual or entity accorded authority to act on behalf of the applicant or beneficiary under state law

**Printed name:** \_\_\_\_\_

### **Basis for authority:**

- Community Spouse
- Agent under Power of Attorney
- Guardian
- Conservator
- Agent under Health Care Advance Directive, see O.C.G.A. § § 31-32-7(e)(3)
- Default Health Agent under O.C.G.A. § 31-9-2(a)