MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

IM AUTHORIZED REPRESENTATIVE REVOCATION

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Purpose: To provide a signed statement to the Family Support Division from applicant/participant revoking the named individual or organization as the applicant/participants authorized representative.

The applicant/participant must complete the form as follows:

- print the applicant's/participant's name in the first blank
- print SSN or DCN in the second blank
- print the name of the individual or organization serving as authorized representative whose authorization the applicant/participant wishes to revoke in the third blank

Number of Copies and Distribution: The original is completed by the applicant/participant and is filed in the record as a permanent part of the record. A copy of the original must be given to the applicant/participant.

Signature and Date: The applicant/participant must sign and date the Authorized Representative revocation form.

Final Disposition: Effective with the date the revocation (IM-6ARR) is received, FSD will no longer recognize the individual/organization as the authorized representative of the applicant/participant.

I, _____ SSN or DCN: _____
(PRINT NAME)

hereby request to revoke my previous appointment of:

NAME: _____

as my authorized representative. The Family Support Division will no longer recognize this individual/organization as my authorized representative or allow the individual/organization to act in an authorized representative capacity upon receipt of this signed and dated revocation request.

APPLICANT/PARTICIPANT SIGNATURE	DATE