

APPOINTING AN AUTHORIZED REPRESENTATIVE (IM-6AR) INSTRUCTIONS

Section 1: The participant names his/her authorized representative (AR) and selects what authority the AR will have.

- Helping with MO HealthNet application;
- Helping with Food Stamp application;
- Helping with Temporary Assistance application;
- Acting ongoing for annual reviews, reporting changes, etc.;
- Or any combination of these options.

Space is provided for the participant and his/her spouse to sign appointing the AR.

Section 2: This section is specific to MO HealthNet programs, and is not needed for Temporary Assistance or Food Stamps. The participant authorizes release of Protected Health Information (PHI) and other information as necessary to establish or maintain eligibility for MO HealthNet programs.

Space is provided for the participant and his/her spouse to sign authorizing release of PHI.

NOTE: It is very important that the participant and his/her spouse sign this section if the AR will be receiving any notices or information from Family Support Division.

NOTE: This section is not necessary if the individual/organization being authorized is a medical provider, or the participant's attorney, attorney-in-fact, guardian or conservator, or court appointed public administrator.

Section 3: The AR must agree and accept the appointment as authorized representative. Part of accepting is acknowledging and understanding the AR is required to protect the privacy of the participant they represent.