

Authorized Representative or Alternate Reporter Form

First name, middle name, last name & suffix (Jr., Sr., III, etc.)	Last 4 digits of your SSN ____
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You Can Choose an Authorized Representative

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an Authorized Representative. It's your choice whether to have an authorized representative.

If you choose to have one:

- It will be in effect while you get health benefits unless you ask us to change or stop it.
- We aren't responsible for what an authorized representative does with your information (like tell others).
- Ask us if you want a copy of this form.

If you choose not to have one:

- It won't impact your eligibility or benefits.
- We won't release your information unless the law allows it.

1. Name of Authorized Representative (first name, middle name, last name & suffix (Jr., Sr., III, etc.))		
2. Address	3. Apartment or suite number	
4. City/Town	5. State	6. ZIP code
7. Phone number () -		
8. Organization name (if applicable)	9. ID number (if applicable)	

By signing, you allow this person to sign your application, get official information about the application, and act for you on all future matters with this agency.

10. Your signature	11. Date (mm/dd/yyyy)
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You Can Choose an Alternate Reporter

You can give a trusted person permission to only get copies of notices about your application and about coverage for yourself and others on the application. This person is called an Alternate Reporter. An Alternate Reporter **cannot** act for you or report changes for you, but they can help you understand the notices or remind you if we ask you for information.

1. Name of Alternate Reporter (first name, middle name, last name & suffix (Jr., Sr., III, etc.))		
2. Address	3. Apartment or suite number	
4. City/Town	5. State	6. ZIP code
7. Phone number () -		
8. Organization name (if applicable)	9. ID number (if applicable)	

By signing, you allow this person to only get copies of notices about your application and about coverage for yourself and others on this application and all future matters with this agency.

10. Your signature	11. Date (mm/dd/yyyy)
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Authorized Representative and sharing your information

This information will help with your application. It will help you keep the programs you applied for.

- You do not have to name an Authorized Representative or Alternate Reporter. It will not change if you can get or keep benefits.
- We are not responsible for what is done with your information after we share it.
- Do you want to stop having an Authorized Representative or Alternate Reporter? Or do you want to change who it is? Tell us in writing and mail it to the address at the bottom of the page. OR call 1-800-250-8427. This will not stop information we have already sent them.
- What if you do not stop or change your Authorized Representative or Alternate Reporter? They will stay as your Authorized Representative or Alternate Reporter. They will stay as long as you get benefits from the Department of Vermont Health Access.
- Do you have questions? Call 1-800-250-8427. For the hearing impaired, dial 711.

If You Don't Speak or Read

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-899-9600. (Arabic)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600. (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600. (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-899-9600. (Vietnamese)

यान दनुहोस्: तपा ले नेपाली बोलनुहुन्छ भने तपा को निम्तम भाषा सहायता सेवाहरूनि शुल्क स्वमा उपलब् छ । फोन गर्नुहोस् 1-855-899-9600। (Nepali)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-899-9600. (German)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-899-9600. (Cushite)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-899-9600. (Russian)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-899-9600. (Portuguese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-899-9600 まで、お電話にてご連絡ください。(Japanese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-899-9600。(Chinese)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-899-9600. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. –Nazovite 1-855-899-9600. (Serbo-Croatian/Bosnian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-899-9600. (Tagalog)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการ การช วยเหลือทางภาษาได้ฟรี โทร 1-855-899-9600. (Thai)

Ikiwa unazungumza Kiswahili na unahitaji huduma za ukalimani za bila malipo piga simu kwa 1-855-247-3092 (Swahili)

Rights of People with Disabilities.

Is it hard for you to do the things we ask you to do? We can make changes to help you. Changes are called “reasonable accommodations” under the ADA (Americans with Disabilities Act). Here are some of the changes we can make:

- Someone can write down your answers if you can't.
- We can give you more time.
- We can help you get papers you need to give us.
- You can have a support person with you when you talk to us.
- We can send you papers in large print.

Do you need any changes to help you? Tell us by calling **1-800-250-8427** for free.

Please return this form to:

DVHA

Application and Document Processing Center

280 State Drive NOB 1 South

Waterbury, VT 05671-1500