

NOTICE OF FORM CHANGE NO. 05-151

DATE

12/01/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE DPA 19 - Authorized Representative

ORDER UNIT EACH	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 12/05	REPLACES 6/01	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 12/05

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

AUTHORIZED REPRESENTATIVE

_____, 20____

**State of California
Department of Social Services
P.O. Box 944243, M.S. 19-37
Sacramento, California 94244-2430**

I, _____ of
(Name)

(Address) (City, State and Zip)

have requested _____
(Name)

(Organization)

(Address) (City and Zip)

to act on my behalf in my appeal regarding my application for and/or receipt of _____

(Assistance Program)

I hereby authorize your department to release any or all information relating to this request to this person/organization.

Signed _____

IF YOU STILL WANT YOUR HEARING, it is required that you attend the hearing or have someone appear on your behalf. If no such appearance is made at the time scheduled, the entire matter will be dismissed. Even though you appoint someone to represent you, your appearance at the hearing would be helpful to the Administrative Law Judge in arriving at an appropriate decision. If you have authorized someone to act as your representative, that authorization should be in writing, and given to the Administrative Law Judge at the hearing. This Authorized Representative form is enclosed for this purpose. If you want to authorize someone to represent you at the hearing, please complete this form and bring it to your hearing. You should notify your representative of the time and place of your hearing. You may bring witnesses or other persons who you believe can help you explain your position. You should also bring any documents or other papers that you think important and that you wish to have considered.

IN STATE HEARINGS ALL TESTIMONY IS TAKEN UNDER OATH. FALSE STATEMENTS MADE BY ANY WITNESS WILL SUBJECT THAT WITNESS TO POTENTIAL PROSECUTION FOR PERJURY.

Information regarding your request has been sent to your county welfare department or to the California Department of Health Services. Staff from that agency may be contacting you about the agency's decision, the reason for its action, and the reasons for your request in an effort to resolve the problem.

If you have been receiving assistance, your assistance will continue in the same amount if your request was filed before the effective date of the proposed action.

If you are not now receiving assistance, you will not receive aid pending your state hearing.