

**DESIGNATION OF AUTHORIZED BUYER / ALTERNATE PAYEE
 FOR FOODSHARE BENEFITS**

Social Security Numbers and personally identifiable information will be used only for the direct administration of FoodShare Wisconsin.

You can choose an *Authorized Buyer* to help you use your FoodShare benefits. In addition to you receiving a card, the authorized buyer will receive a QUEST card with his/her name on it, and will have access to your FoodShare account to purchase food for your household.

or

You can choose an *Alternate Payee* to use FoodShare benefits on your behalf. The alternate payee will receive a QUEST card with his/her name on it. You will not receive a QUEST card.

or

You can cancel access to your QUEST card account you granted to others at any time. To cancel access to your account, contact your worker or call the QUEST Customer Service Help Line number at 1-877-415-5164.

Case Name	Case Number	Worker Name
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By checking the box(es) below I certify that:

I want _____ designated as my Authorized Buyer to access my FoodShare account to buy my food. I understand we will both be issued a card. My authorized buyer's QUEST card should be mailed to:

 Street City State Zip Code

I want _____ removed as an Authorized Buyer from my case.

I want _____ designated as my Alternate Payee to access my FoodShare account to buy my food. I understand only my Alternate Payee will be issued a card. My alternate payee's QUEST card should be mailed to:

 Street City State Zip Code

I want _____ removed as an Alternate Payee from my case.

I understand:

Any FoodShare account transaction made by myself, an Authorized Buyer, Alternate Payee or by any other person to whom I voluntarily give my QUEST card and PIN is considered authorized and the benefits will **not** be replaced.

Your signature must be witnessed. Two witness signatures are required if you sign with an X.

SIGNATURE - Primary Cardholder or Other Payee	Date Signed
SIGNATURE - Witness 1 (Required)	Date Signed
SIGNATURE - Witness 2 (Required if signed with an X.)	Date Signed

NOTE: You have the right to have another person represent you and act on your behalf to complete the application / review process. This person will act as your "authorized representative". If you wish to authorize someone to act on your behalf, complete the "Medicaid /BadgerCare Plus/FoodShare Authorization of Participant's Representative" form (HCF 10126). To get this form, contact your worker or visit dhfs.wisconsin.gov/forms/DHCF/HCF10126.pdf.

For Case Worker Use Only	
<input type="checkbox"/> New Authorized Buyer	<input type="checkbox"/> New Alternate Payee
<input type="checkbox"/> Remove Authorized Buyer	<input type="checkbox"/> Remove Alternate Payee
SIGNATURE - IM Worker	Date Signed