**DISABILITY BENEFIT SPECIALIST PROGRAM**

APPOINTED REPRESENTATIVE AGREEMENT

The Disability Benefit Specialist Program provides information, assistance, and advocacy regarding public and private benefit programs to people between the ages of 18 and 59 identifying as having a physical disability, intellectual or developmental disability, mental health disorder, or substance use disorder. A disability benefit specialist (DBS) may provide benefit counseling services to youth transitioning from children’s services to adult services starting at age 17 years and six months. A DBS can counsel people regarding eligibility for benefit programs and may be able to assist in the application and/or appeal procedures for these benefits.

# Section 1: Scope of Services

An appointed representative is an individual who has been authorized to act on someone’s behalf for the purposes of accessing benefits through the Social Security Administration (SSA). A [Claimant’s Appointment of Representative form (SSA-1696)](https://www.ssa.gov/forms/ssa-1696.pdf) must be signed and submitted to SSA to formalize the appointment. An appointed representative cannot sign an application or testify at any administrative proceeding on someone else’s behalf. An appointed representative cannot re-delegate their authority to anyone whom the client has not appointed as their representative.

The DBS of the Aging and Disability Resource Center (ADRC) of       is authorized to act as the Appointed Representative for       .

The DBS is the appointed representative only for the specified purpose and specified length of time:

1. Purpose:
2. Time:

At the accomplishment of the specified purpose or the expiration of the specified length of time, whichever occurs first, the DBS will withdraw from being the appointed representative, unless the withdrawal would be considered disruptive by SSA under the Code of Federal Regulations, title 20, sections 404.1740 and 416.1540.

A new [Claimant’s Appointment of Representative form (SSA-1696)](https://www.ssa.gov/forms/ssa-1696.pdf) must be submitted to SSA to extend the DBS’s appointed representative status.

# Section 2: Client’s Rights and Responsibilities

* Under the Code of Federal Regulations, title 20, sections 404.1512 and 416.912, the client must inform SSA about and/or submit all evidence known to the client related to whether they are blind or disabled. This responsibility is ongoing and requires the client to tell SSA of any additional related evidence as they become of aware of it.
* The client can remove the DBS as their appointed representative by completing and submitting the [Claimant’s Revocation of the Appointment of Representative form (SSA-1696-SUP1)](https://www.ssa.gov/forms/ssa-1696-sup1.pdf) to SSA. The client agrees to inform the DBS of a decision to end the appointment of representation.

# Section 3: DBS Disclosures, Limitations, and Responsibilities

* The DBS is not an attorney.
* The DBS is not affiliated with SSA.
* This Appointed Representative Agreement is only valid while a signed [Claimant’s Appointment of Representative form (SSA-1696)](https://www.ssa.gov/forms/ssa-1696.pdf) is in effect with SSA.
* The DBS can end the appointment of representation by completing and submitting the [Representative’s Withdrawal of Acceptance of an Appointment form (SSA‑1696‑SUP2)](https://www.ssa.gov/forms/ssa-1696-sup2.pdf) to SSA. The DBS must send the client a written notice of their decision to withdraw the appointment of representation.
* The DBS must withdraw as appointed representative if the client fails to comply with their duty to provide SSA with all information and evidence known to the client relating to whether they are blind or disabled.
* Under the Code of Federal Regulations, title 20, sections 404.1740 and 416.1540, the DBS must tell SSA immediately if they discover that the client is using or has used the DBS’s services to commit fraud against SSA.

# Section 4: Confidentiality

DBS services are confidential. The DBS will not disclose information about a client without the informed consent of the client, unless allowed by Wis. Admin code § DHS 10.23(2)2 or required by the Code of Federal Regulations, title 20, sections 404.1740 and 416.1540.

[ ]  The ADRC of       employs more than one DBS. By signing this document, the client understands that all DBSs at this ADRC have access to the client’s information.

By signing this document, the client understands that part of receiving DBS services involves the sharing of information between the DBS(s) and their local supervisor, technical assistance provider, and the Wisconsin Department of Health Services DBS program manager for purposes of case oversight, data reporting, and quality assurance. The local supervisor, technical assistance provider, and the DBS program manager are bound by confidentiality and do not share client information with anyone other than the DBS without informed consent of the client.

# Section 5: Signatures

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| Client Name (Print or Type) | **SIGNATURE** – Client | Date Signed |
|       |  |  |
| Legal Guardian (Print or Type) | **SIGNATURE** – Legal Guardian | Date Signed |
|       |  |  |
| DBS Name (Print or Type) | **SIGNATURE** – DBS | Date Signed |
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