

W-1E
(Rev 12/13)

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Department of Social Services General Application

Authorized Representative

You may appoint people to help you with your application and also for other purposes relating to your eligibility for DSS programs. Check those that apply to you.

☐ **General authorized representative /responsible person** to help me apply for all DSS programs (SNAP, medical, cash) and to assist me with all aspects of the application and eligibility process, which includes reporting changes and getting notices on my behalf. This person knows my circumstances well enough to answer questions and will act in my best interest.

This person is my: ☐ Power of Attorney ☐ Conservator ☐ Legal Guardian ☐ Other _____

Name	Address	Telephone Number
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SNAP ONLY

☐ **Shopper** (A person to shop for you)

Name	Address	Telephone Number
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☐ **Medical authorized representative just** to help me fill out my application for medical assistance to pay for my hospital bill and ask for a hearing if medical assistance is denied.

Name	Address	Telephone Number
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Tell us about the people in your household

Please answer below for the members of your household STARTING WITH YOURSELF:

Check the help you want to apply for: ☒ None ☐ Food ☐ Cash

☐ Medical for 65 and older or receiving Medicare or determined disabled by DSS and working

Your Full Name (first, middle initial, last)

SABRINA V. BIANCHI

Sex ☐ Male ☒ Female

Social Security Number

225-10-3649

Last grade completed in school

12

Marital status: ☐ Never married ☒ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: If Hispanic/Latino ethnicity ☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican

☐ Cuban ☐ Other Hispanic/Latino/a or Spanish

Racial heritage: ☒ White ☐ Black or African American ☐ American Indian/Alaska Native

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

Place of birth (City/state or country)

MILAN, ITALY

Are you a U.S. citizen? ☐ Yes ☒ No

If he or she is not a U.S. citizen and is applying for help, complete the following:

What date did you enter the United States?

12 JUNE 2002

What date did you move to Connecticut?

12 JUNE 2002

List your I-94 number if you have one.

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