**Our House of Hope Residential Program**

**Authorization Form for Monthly Fund Withdrawal and SNAP Benefit Use**

**Client Information**

* **Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Social Security (last 4 digits):** \_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize **Our House of Hope, LLC**, to perform the following on my behalf as part of my participation in the residential program:

1. **Withdraw Personal Funds for Rent:**
   * Authorize monthly withdrawal of $\_\_\_\_\_\_\_\_\_ from my personal funds, bank account, or income source (e.g., SSI/SSDI) to cover residential rent and program fees.
2. **Utilize My SNAP (EBT) Benefits Card:**
   * Use my SNAP benefits to purchase **groceries, snacks, and basic food necessities** in accordance with USDA and program guidelines.
   * Staff are permitted to hold and manage the card for **approved purchases only**, and a breakdown of usage will be provided monthly or upon request.

**Terms of Agreement**

* I understand that funds will only be used for **rent, food, and approved program needs** as outlined above.
* I understand I may revoke this permission at any time with written notice to the program.
* I understand that misuse of SNAP benefits or personal funds outside the scope of this agreement may result in a review of my participation in the program.
* I have been informed that monthly statements of transactions (SNAP purchases and fund withdrawals) are available to me upon request.
* I understand that this authorization is in place to support my stability, nutrition, and housing while in the care of Our House of Hope.

**Client Consent**

I have read and understand the information above. I voluntarily give consent for Our House of Hope to manage the use of my SNAP benefits and withdraw monthly funds for housing needs as described.

* **Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness/Staff Acknowledgment**

I confirm that the client named above has been informed of this agreement and has willingly signed with full understanding.

* **Staff Name & Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor (if applicable):**

* **Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_