



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**IM AUTHORIZED REPRESENTATIVE REVOCATION**

Purpose: To provide a written signed statement to the Family Support Division from applicant/participant revoking the previous appointment of the named individual as the applicant/participants authorized representative.

The applicant/participant must complete the form as follows:

- print their name in the first blank
- print DCN in the second blank
- print the name of the individual they wish to revoke as their authorized representative in the third blank

Number of Copies and Distribution: This form is available in hard copy or PDF. The original is completed by the applicant/participant and is filed in the record as a permanent part of the record. A copy of the original must be given to the applicant/participant.

Signature and Date: The applicant/participant must sign and date the Authorized Representative revocation form.

Final Disposition: Effective with the date the revocation (IM-6ARR) is received, FSD will no longer recognize the individual as the authorized representative of the applicant/participant.

I, \_\_\_\_\_ DCN: \_\_\_\_\_

hereby request to revoke my previous appointment of:

NAME: \_\_\_\_\_

as my authorized representative. The Family Support Division will no longer recognize this individual as my authorized representative or allow the individual to act in an authorized representative capacity upon receipt of this signed and dated revocation request.

APPLICANT/PARTICIPANT SIGNATURE:

DATE: