

The Commonwealth of Kentucky



kynect

benefits

Quick Reference Guide

Add, Edit, and Remove an
Individual Authorized
Representative





This Quick Reference Guide is designed to help users complete the necessary steps to add an individual as an Authorized Representative in kynect benefits.

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Authorized Representative Overview

Authorized Representatives are appointed to manage designated benefits on behalf of a Resident. Authorized Representatives can be friends, family members, providers, or attorneys. Residents can give an Authorized Representative permission to complete any of the following actions on their behalf in kynect benefits:

- Apply for Benefits
- Report a Change in information
- Recertify Benefits Application
- Receive a Copy of Notices
- Request an EBT Card
- View Messages, Notifications, and To-Do's

To add an Authorized Representative through kynect benefits, the Resident must first log in and navigate to the Reps, kynectors, & Agents screen.

Ways to Access the Add an Authorized Representative screen

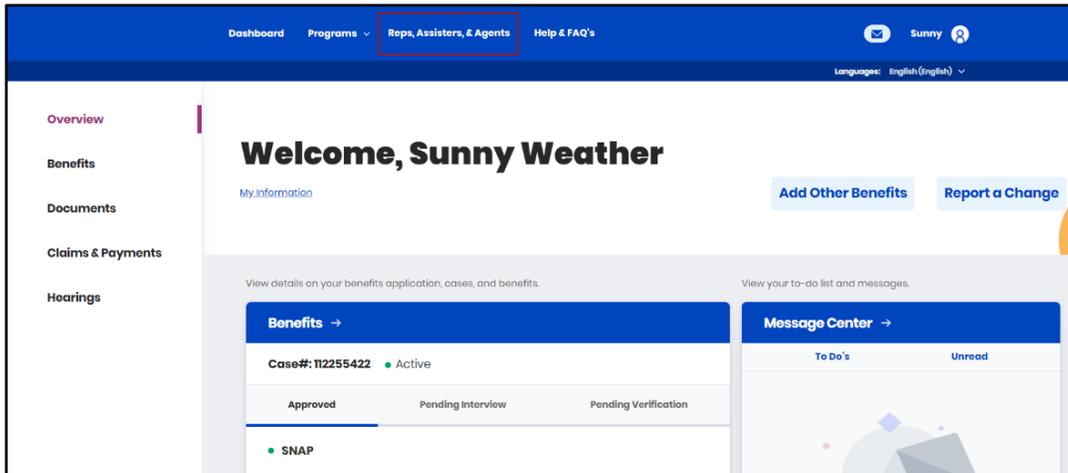
1. Click "Reps, kynectors, & Agents" on the menu icon that is found in top left of a mobile device screen, or click "Reps, kynectors, & Agents" on the top menu while using a computer.
2. Click the "Reps, kynectors, & Agents" tile on the Resident Dashboard.
3. Complete the Reps, kynectors, & Agents section in the Benefits Application.

Adding an Authorized Representative

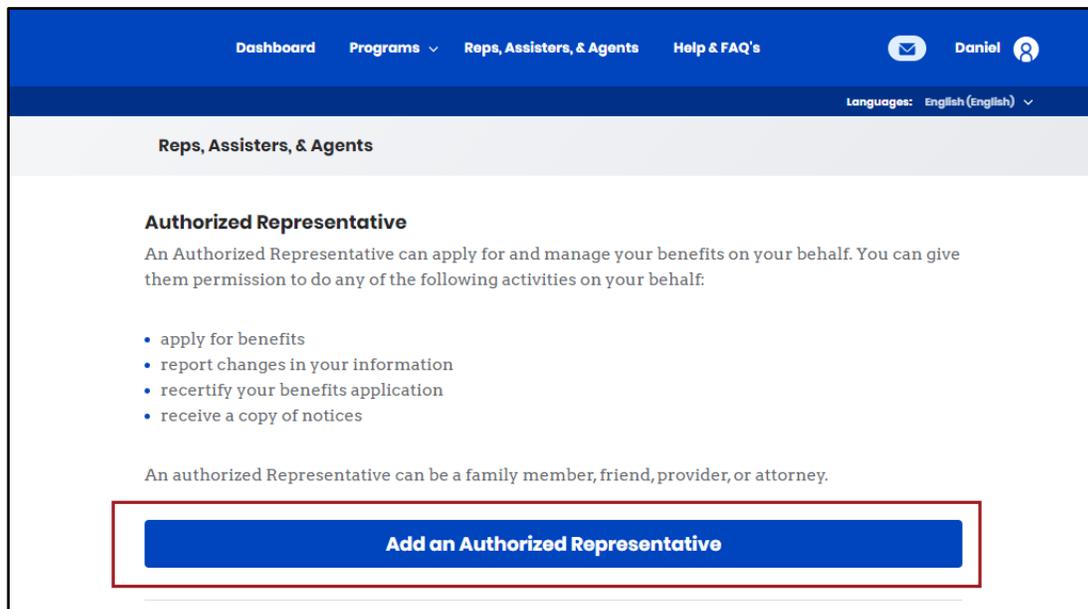
Below are the steps to add an individual as an Authorized Representative from the Dashboard.

Steps to Add an Authorized Representative

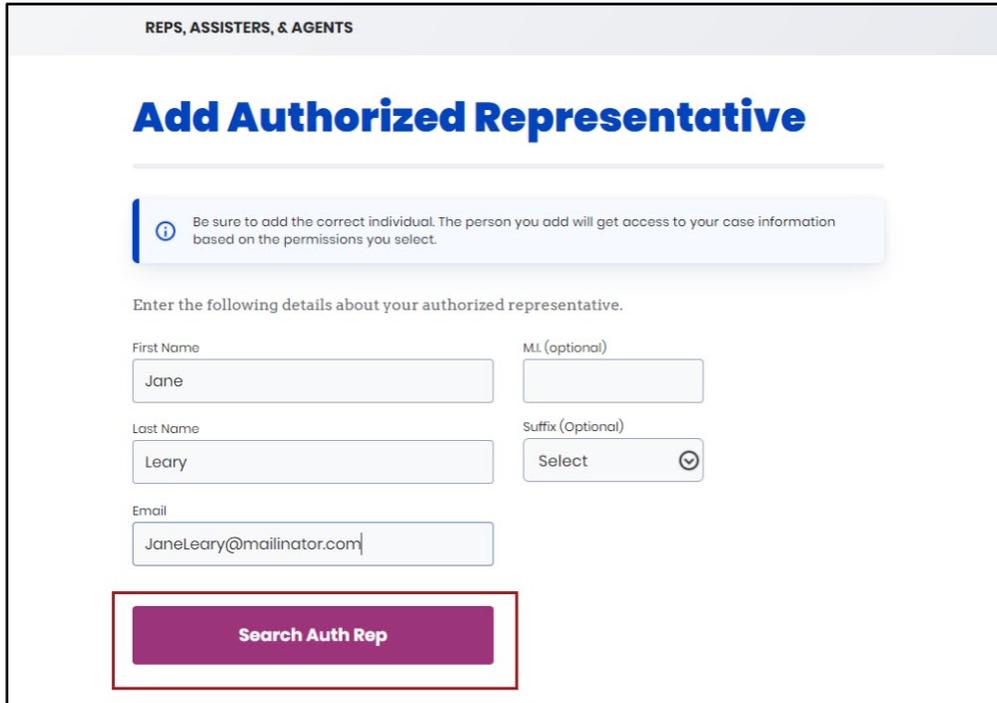
1. Click “Reps, kynectors, & Agents” on the top menu of the Dashboard on a computer or the menu icon on a mobile device.



2. Click the “Add an Authorized Representative” button to continue to the Authorized Representative search tool.



3. Enter the Authorized Representative's First Name, Middle Initial (optional), and Last Name.
4. Enter the Authorized Representative's Email.
5. Click "Search Auth Rep".



REPS, ASSISTERS, & AGENTS

Add Authorized Representative

 Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Enter the following details about your authorized representative.

First Name	M.I. (optional)
<input type="text" value="Jane"/>	<input type="text"/>
Last Name	Suffix (Optional)
<input type="text" value="Leary"/>	<input type="text" value="Select"/>
Email	
<input type="text" value="JaneLeary@mailinator.com"/>	



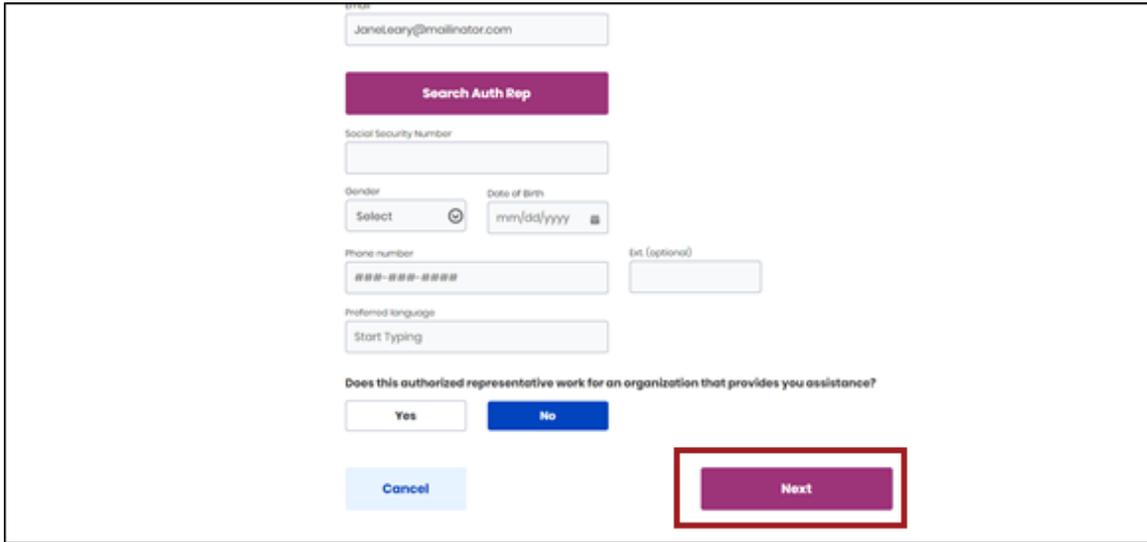
Please Note: The "Continue Entering Information" pop-up appears to manually enter the information if the individual is not found in the system.

6. Enter Social Security Number.
7. Select Gender.
8. Enter Date of Birth.
9. Enter a Phone Number.
10. Select a Preferred language.
11. Select "Yes" or "No" to "Does this authorized representative work for an organization that provides you assistance?".
 - If "Yes", the user is prompted to enter the Organization Name and Organization ID (reference the Add an Organization Authorized Representative QRG).



Please Note: Reference the Add an Organization Representative quick reference guide for more details about adding Organization Authorized Representatives.

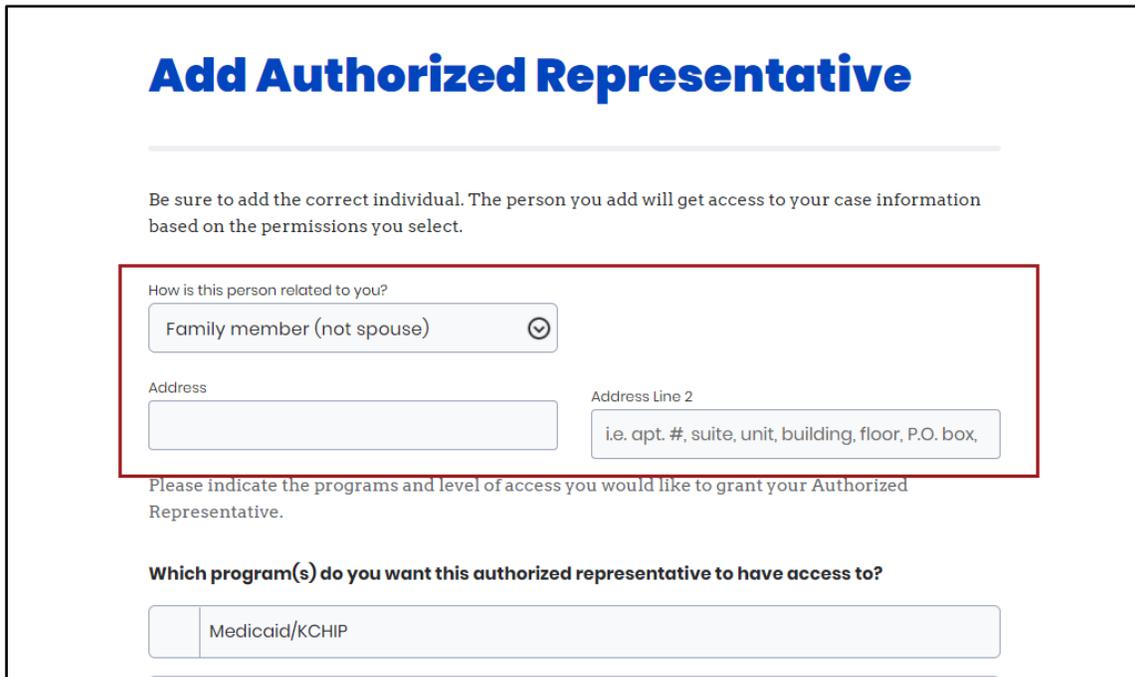
12. Click “Next”.



The screenshot shows a form titled "Search Auth Rep". It includes a search bar with the email "JanetLeary@mailinator.com", a "Search Auth Rep" button, and fields for "Social Security Number", "Gender" (a dropdown menu), "Date of Birth" (mm/dd/yyyy), "Phone number" (###-###-####), and "Ext. (optional)". There is also a "Preferred language" field with "Start Typing" text. At the bottom, there is a question "Does this authorized representative work for an organization that provides you assistance?" with "Yes" and "No" radio buttons. A "Cancel" button is on the left, and a "Next" button is on the right, highlighted with a red box.

13. Select a response from the “How is this person related to you” dropdown.

14. Enter an Address.



The screenshot shows the "Add Authorized Representative" form. It has a title "Add Authorized Representative" and a sub-header "Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select." Below this is a dropdown menu for "How is this person related to you?" with "Family member (not spouse)" selected. Below the dropdown are two address fields: "Address" and "Address line 2" (with a note "i.e. apt. #, suite, unit, building, floor, P.O. box,"). Below the address fields is a question "Please indicate the programs and level of access you would like to grant your Authorized Representative." followed by "Which program(s) do you want this authorized representative to have access to?" and a dropdown menu with "Medicaid/KCHIP" selected.

15. Select the programs that the Authorized Representative is requesting access to.

16. Click "Next".

Which program(s) do you want this authorized representative to have access to?

<input checked="" type="checkbox"/>	Medicaid/KCHIP
<input type="checkbox"/>	Apply, Report Changes , Recertify
<input checked="" type="checkbox"/>	Apply, Report Changes , Recertify and receive copy of Notices
<input checked="" type="checkbox"/>	SNAP (Food Assistance)
<input type="checkbox"/>	Apply, Report Changes , Recertify
<input checked="" type="checkbox"/>	Apply, Report Changes, Recertify and use EBT Card
<input type="checkbox"/>	Use EBT Card

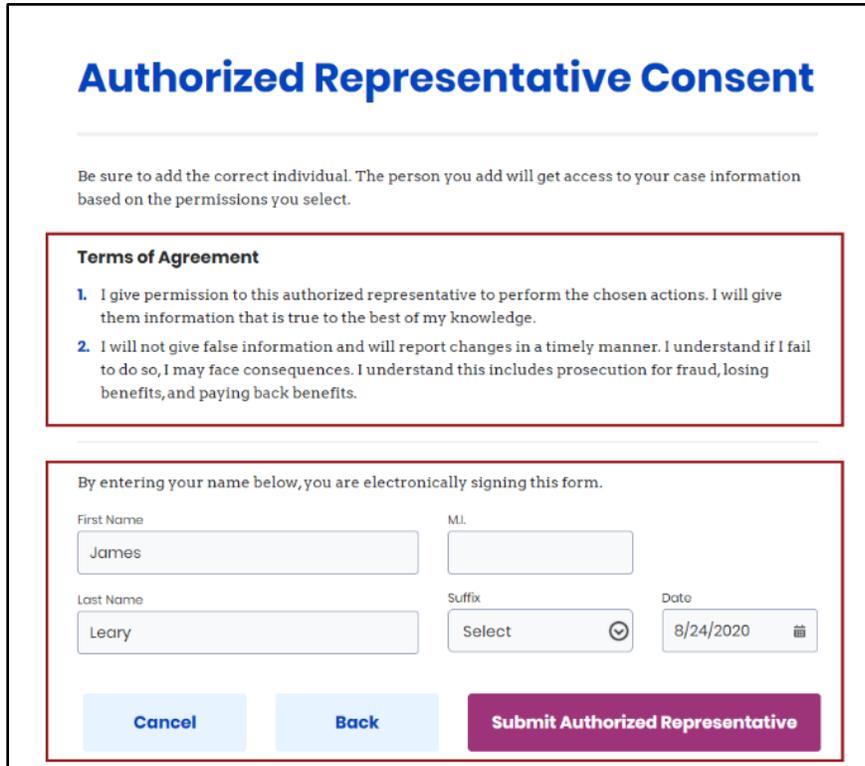
[Back](#) [Cancel](#) [Next](#)

17. Read the Terms of Agreement on the Authorized Representative Consent screen.

18. Enter First Name, M.I, and Last Name to sign.

 **Please Note:** The signature must match the individual’s information in kynect benefits or they will not be able to submit.

19. Click “Submit Authorized Representative”.



Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

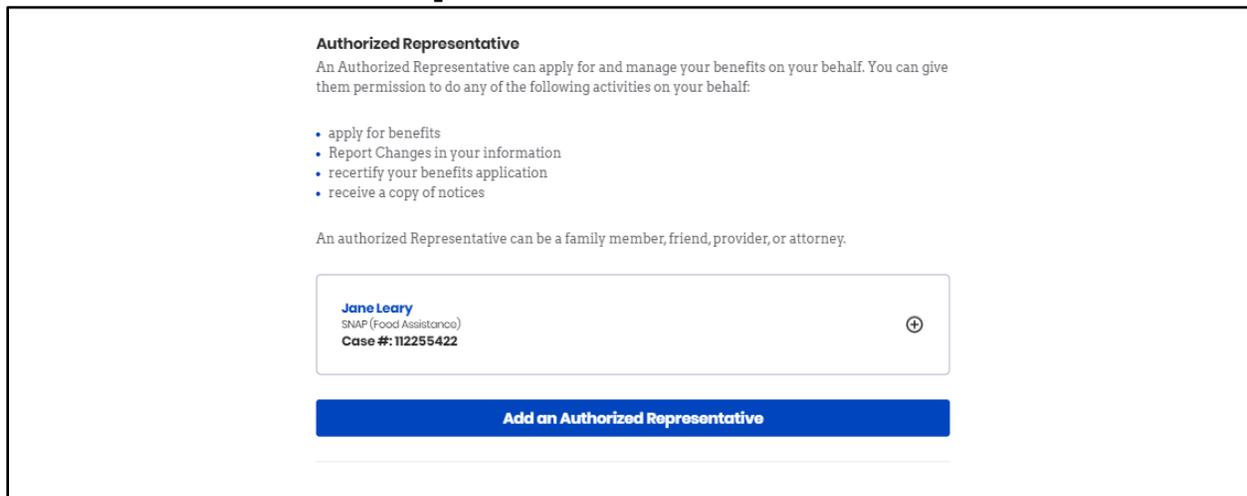
Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name	M.I.	
<input type="text" value="James"/>	<input type="text"/>	
Last Name	Suffix	Date
<input type="text" value="Leary"/>	<input type="text" value="Select"/>	<input type="text" value="8/24/2020"/>

20. View the Authorized Representative for the Resident.



Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- apply for benefits
- Report Changes in your information
- recertify your benefits application
- receive a copy of notices

An authorized Representative can be a family member, friend, provider, or attorney.

Jane Leary
SNAP (Food Assistance)
Case #: 112255422

Editing an Authorized Representative's Information

Authorized Representative information can be found in two places after they have been added into kynect benefits:

- Click the “Authorized Representative” link on the Reps, kynectors, & Agents tile on the Resident Dashboard.
- Click the “Reps, kynectors, & Agents” on the top menu of the Resident Dashboard or the menu icon on a mobile device.

Below are the steps to edit an Authorized Representative's information.

Steps to Edit Authorized Representative Information

1. Click “Reps, kynectors, & Agents” on the top menu of the Dashboard on a computer or the menu icon on a mobile device.
2. Click the expand icon by the Authorized Representative's name.

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- apply for benefits
- Report Changes in your information
- recertify your benefits application
- receive a copy of notices

An authorized Representative can be a family member, friend, provider, or attorney.

JANE LEARY
Medicaid/KCHIP,SNAP (Food Assistance)
Case #: 112255097



Add an Authorized Representative

JANE LEARY
Medicaid/KCHIP,SNAP (Food Assistance)
Case #: 112255097



3. Click "Edit."

An authorized Representative can be a family member, friend, provider, or attorney.

JANE LEARY
Medicaid/KCHIP,SNAP (Food Assistance)
Case #: 112255097

Permission Details
Medicaid/KCHIP Case # 112255097 Apply, Report Changes , Recertify
SNAP (Food Assistance) Case # 112255097 Use EBT Card

Contact Information

Phone
865-555-6666

Email
jane.leary@mailinator.com

Address
123 TRAINING ADDRESS, Allen, LEXINGTON, Kentucky, 40502

Edit

Remove

Add an Authorized Representative

4. Edit any new information for the Authorized Representative.

5. Click "Next".

Enter the following details about your authorized representative.

First Name: Jane MI (optional):
Last Name: Leary Suffix (optional): Select
Email: janeleary@mailinator.com

Search Auth Rep

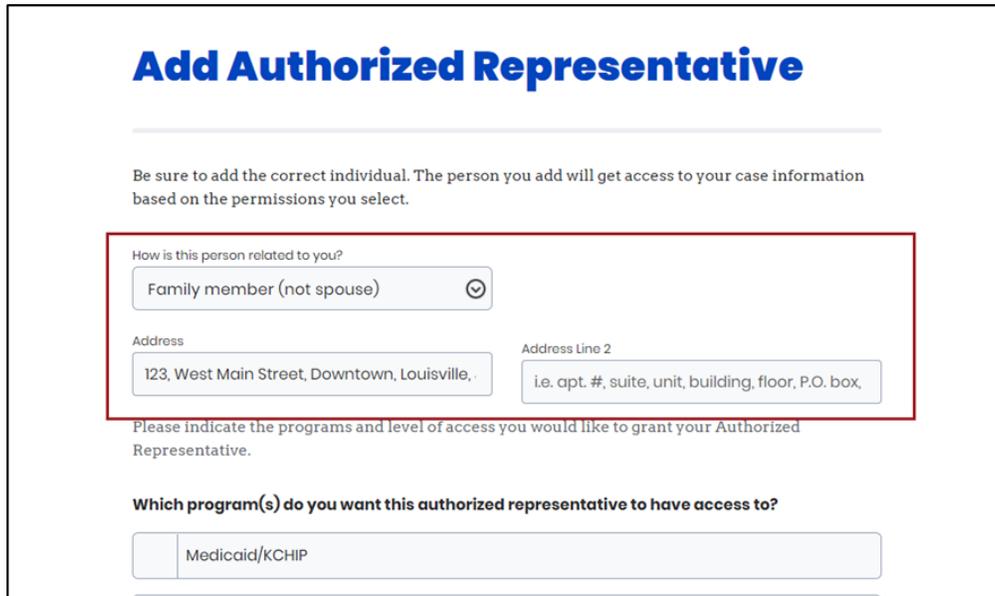
Social Security Number: *****

Gender: Female Date of Birth: 01/31/1988

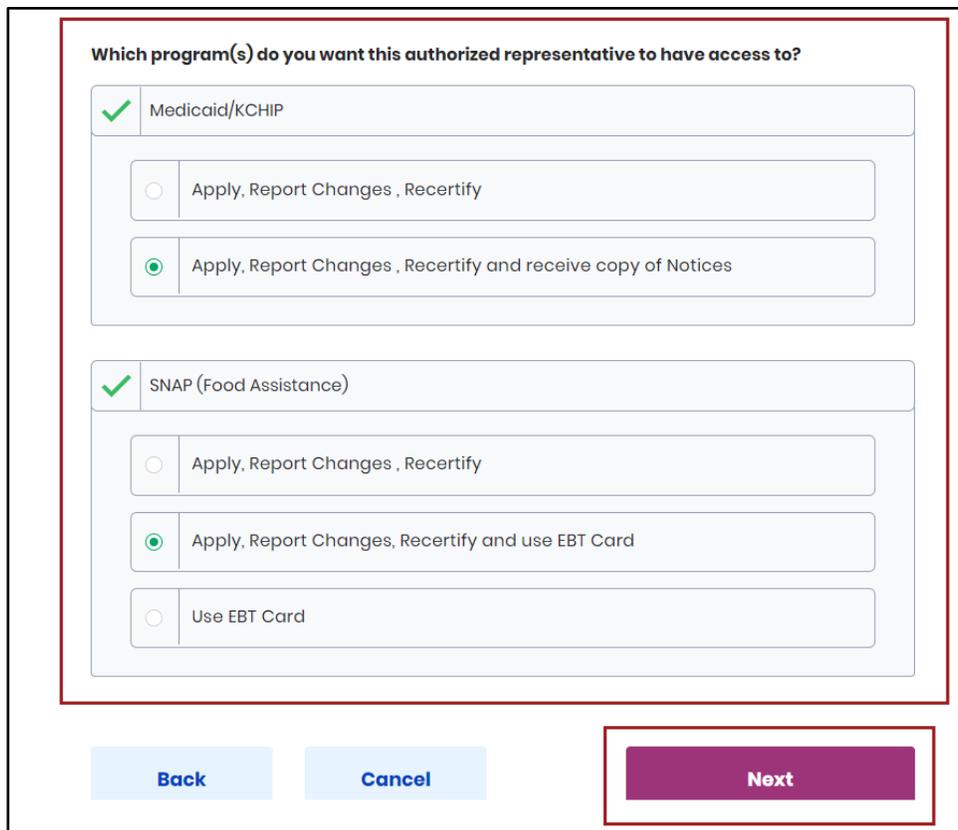
Phone number: 850-555-6666 Ext. (optional):
Preferred language: English

Does this authorized representative work for an organization that provides you assistance?
 Yes No

6. Confirm relationship on the “How is this person related to you” dropdown.
7. Confirm Address.



8. Select the programs that the Authorized Representative is requesting access to.
9. Click “Next.”





10. Read the Terms of Agreement on the Authorized Representative Consent screen.
11. Enter First Name, Middle Initial, and Last Name to sign.
12. Click "Submit Authorized Representative".

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name	ML	
<input type="text" value="James"/>	<input type="text"/>	
Last Name	Suffix	Date
<input type="text" value="Leary"/>	<input type="text" value="Select"/>	<input type="text" value="8/24/2020"/>

Remove an Authorized Representative

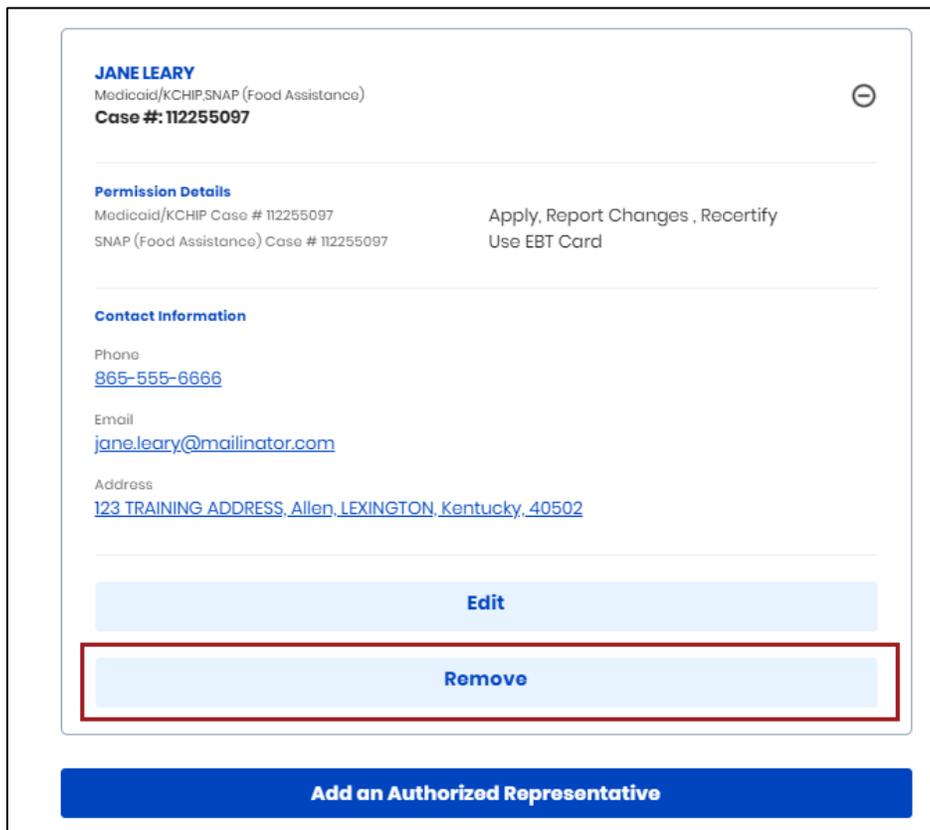
Below are the steps to remove an Authorized Representative.

Steps to Remove an Authorized Representative

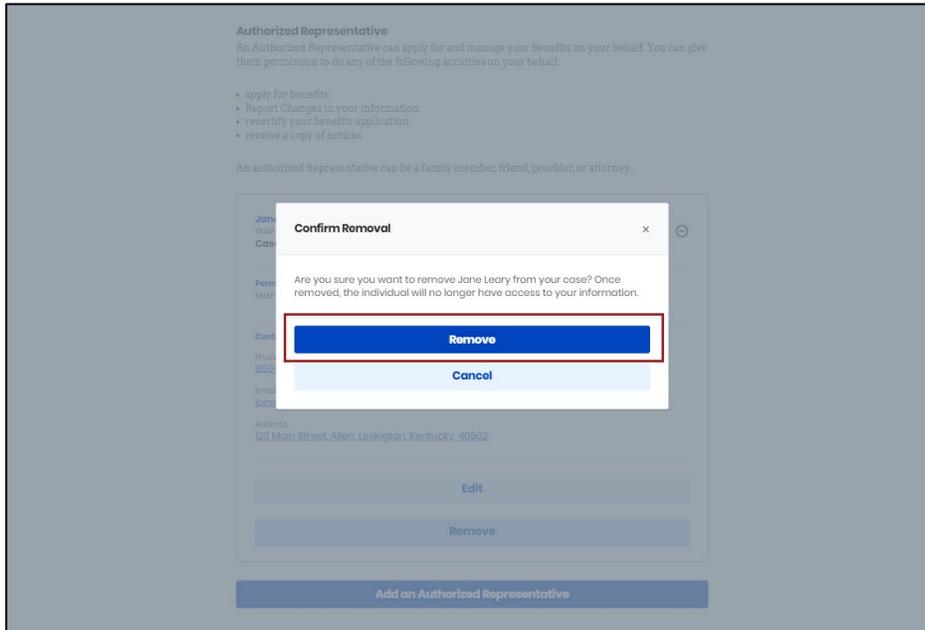
1. Click “Reps, kynectors, & Agents” on the top menu of the Dashboard on a computer or the menu icon on a mobile device.
2. Click the expand icon by the Authorized Representative’s name.



3. Click “Remove”.



4. Click “Remove” to confirm removal of the representative from the case.



Please Note: Once removed, the individual no longer has access to the Resident’s information.