TEXAS Health and Human Services

Form H1003
January 2026

Appointment of an Authorized Representative to Allow Another Person to Act for You

If you want, you can give an (authorized representative) the right to act for you. That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative:

(1) log in to your account on www.yourtexasbenefits.com/Learn/Home and report a change; or

(2) call 2-1-1 (after you pick a language, press 2).

If you're a legally appointed representative for someone on this application, send proof with this form.

Section 1 – Applicant and Authorized Representative (AR) Information

Client or Applicant Name	Case No.
Name of Authorized Representative	Organization Name
AR Mailing Street Address, City, State and ZIP Code	AR Area Code and Phone No.

The authorized representative is your:

◯ Power of attorney

◯ Court-appointed guardian End Date: _____

◯ Other – Relationship: _____

Sign below if you want the person you are listing on this form to be your authorized representative.

Section 2 – Signatures

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

_____ _____

Signature of Authorized Representative. This person must be age 18 or older. **Date**

_____ _____

Signature of Client or Applicant **Date**