

SUGGESTED FORMAT

AUTHORIZATION FOR COUNTY WELFARE DEPARTMENT TO ENDORSE WARRANT

(Power of Attorney)

Name of applicant \_\_\_\_\_ Case Number \_\_\_\_\_

I, an applicant of \_\_\_\_\_ assistance, hereby acknowledge receipt of a warrant from the \_\_\_\_\_ County Welfare Department in the amount of \$ \_\_\_\_\_ drawn upon the Public Assistance Fund of said county; which was given to me in lieu of a State Warrant authorized for me for the month of \_\_\_\_\_ 19\_\_\_\_ in the amount of \$ \_\_\_\_\_.

I hereby acknowledge my debt to the said county Public Assistance Fund for said amount and in consideration of such sum do assign all rights and interest in and to the aforementioned State Warrant to the said county welfare department, and

For the purpose of effecting this assignment, I do hereby appoint said county welfare department my true and lawful attorney in fact for me and in my name, place, and stead o endorse to the county Public Assistance Fund the aforementioned State Warrant or any warrant which may be issued by the Auditor or Treasurer of State, or by any other means for assistance due me as indicated above, as fully to all intents as I might or could do, if personally present.

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
(Signature of Affiant)

WITNESS # 1 |  
Signature  
of Witness: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

WITNESS # 2 |  
Signature  
of Witness: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Complete in duplicate. Original for CWD; one copy to applicant.