

DESIGNATION OF EBT ALTERNATE CARD HOLDERCase Name (*Last, First, M.I.*) _____

EI's Name _____

Case Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Case NO. _____

By checking the box(es) below, I certify that:

I want to designate the person listed below, as my EBT Alternate Card Holder to access my Nutrition Assistance/Cash Assistance benefits to buy my food and / or use my cash in the event I cannot.

I want to remove _____ as my EBT Alternate Card Holder from my case.

Print EBT Alternate Card Holder's Name (*Last, First, M.I.*) _____

Alternate Card Holder's Birthdate _____

Primary Informant's Signature _____ Date _____

FOR CASE WORKER USE ONLY

Add EBT Alternate Card Holder Remove EBT Alternate Card Holder

EI's Name (*Print*) _____

EI's Signature _____ Date _____

OST's Name (*Print*) _____

OST's Signature _____ Date _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.