

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
DESIGNATION OF EBT
ALTERNATE CARD HOLDER**

Case 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:**

**See pages 4-5 for USDA/EOE/ADA
disclosures**

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 _____

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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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/program-discrimination-complaint-filing>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Director, Center for Civil Rights Enforcement
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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