

DESIGNATION OF EBT ALTERNATE CARD HOLDER

Case Name (*Last, First, M.I.*) _____

El'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

El's Name (*Print*) _____

El's Signature _____ Date _____

OST's Name (*Print*) _____

OST's Signature _____ Date _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
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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