

**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:**

**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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. 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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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

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.

This institution is an equal opportunity provider.

DES/TANF Agencies are Equal Opportunity Employers/Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the

Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.