

**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 _____

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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.

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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.**

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