

Arizona Department of
Economic Security
Family Assistance Administration

**Designation of EBT
Alternate Cardholder**

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

Case Number: _____

El's Name:

Case Address (*Number, Street*):

See pages 5-9 for
USDA/EOE/ADA disclosures

City: _____

State: _____

ZIP Code: _____

I understand it is my responsibility to advise the person I designate as my EBT alternate cardholder that any items purchased with the NA benefits must be returned to my household. Failure to return the items is a violation of the rules.

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

I want to designate the person listed below, as my EBT Alternate cardholder 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 cardholder from my case.

Print EBT Alternate Cardholder's Name (*Last, First, M.I.*):

Alternate Cardholder's Birthdate:

If you are completing this form electronically, typing your signature will constitute a valid signature.

Primary Informant's Signature:

Date: _____

For Case Worker Use Only

Add EBT Alternate
Cardholder

Remove EBT Alternate
Cardholder

El's Name (*Print*):

El'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, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or

activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, Program

information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) 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:** USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. **Email:**
FNSCIVILRIGHTS@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. • Disponible en español en línea o en la oficina local.