

**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 _____

**See pages 5-10 for USDA/
EOE/ADA disclosures**

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.**

**To file a program
discrimination complaint,
a Complainant should
complete a Form AD-
3027, USDA Program
Discrimination Complaint
Form which can be
obtained online at**

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>,

from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform

the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

**Food and Nutrition
Service, USDA**

**1320 Braddock Place,
Room 334**

Alexandria, VA 22314; or

2. fax:

**(833) 256-1665 or (202)
690-7442; or**

3. email:

FNSCIVILRIGHTSCOMPLAINTS@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.