

Arizona Department of  
Economic Security  
Family Assistance  
Administration

**Designation of EBT  
Alternate Cardholder**

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

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Case Number: \_\_\_\_\_

EI's Name:

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Case Address (*Number, Street*):

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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

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as my EBT Alternate cardholder from my case.

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

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Alternate Cardholder's

Birthdate: \_\_\_\_\_

Primary Informant's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

**For Case Worker Use Only**

Add EBT Alternate  
Cardholder

Remove EBT Alternate  
Cardholder

EI's Name (*Print*):

\_\_\_\_\_

EI's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OST's Name (*Print*):

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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:**



[FNSCIVILRIGHTS  
COMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTS@usda.gov)

This institution is an equal opportunity provider.

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