# State of California

Department of Social Services

Auto ID No.:

Source :

Issued by :

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Action : Approve

Issue: Designated Alternate Cardholder

Title: Designated Alternate Cardholder

Use Form No. : NA 290

Original Date : 07/01/02

Revision Date :

## MESSAGE:

The County has approved your request to make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Designated Alternate Cardholder for your cash aid Electronic Benefit Transfer–EBT.

Call your County Worker to get an additional cash aid EBT card and Personal Identification Number–PIN for your Designated Alternate

Cardholder.

If this is wrong, or you want to stop your request to make this change, call your County Worker.

### REMINDER!

It is your responsibility to call the toll free number (1-877-328-9677) to terminate another household member’s Designated Alternate Cardholder’s or Authorized Representative’s access to your EBT account.

This notice does not change your Food Stamp or Medi-Cal Benefits. If these benefits change, you will get a separate notice.