State of California

Department of Social Services

# Noa Msg Doc No.: M16.505B  Page 1 of 1

Action: Partial Approval

Issue: Incomplete Facts-Designated

Alternate Cardholder Request

Title: Designated Alternate Cardholder

Request: need additional facts

Auto ID No.:

Source :

Issued by :

Reg Cite : 16.505.31

Use Form No. : NA 290

Original Date : 07/01/02

Revision Date :

## MESSAGE:

On \_\_\_\_\_\_\_\_\_\_ you asked to

add/change/stop your Designated

Alternate Cardholder for cash aid

Electronic Benefits Transfer–EBT.

We cannot process your request.

## Here’s why:

We need more facts.

## TELL US:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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This notice does not change your

Food Stamp or Medi-Cal Benefits. If

these benefits change, you will get

a separate notice.

## **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.