State of California Department of Social Services

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Action : Deny Issue: Designated Alternate Cardholder Title: Designated Alternate Cardholder:

Deny

Deny

Auto ID No.: Use Form No. : NA 290

Source : Original Date : 07/01/02

Issued by : Revision Date :

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## MESSAGE:

The County has denied your request

to make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

the Designated Alternate Cardholder

for your cash aid Electronic

Benefits Transfer–EBT.

## Here’s Why:

* You already made \_\_\_\_\_\_\_\_\_\_\_your

Designated Alternate Cardholder for

cash aid EBT.

If this is wrong, or you want to

make a change, call your County

Worker.

* Other:

## 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.