

**CALFRESH PROGRAM RESTRICTED ACCOUNT AGREEMENT PART B**

CASE NAME	CASE NUMBER
COUNTY WORKER NAME	WORKER NUMBER

**You must fill in the information below when you start the Restricted Account. Sign, date, and give the original of this Agreement to the county with proof of the account.**

ACCOUNT HOLDER(S) NAME(S) ON THE ACCOUNT		
NAME AND ADDRESS OF BANK, ETC.	ACCOUNT NUMBER	CURRENT BALANCE
SIGNATURE OR MARK OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE		DATE

**County Use Section**

I certify that the household member or authorized representative signing this form has been given a copy of the Restricted Account Coversheet and this Agreement. The individual has stated he/she understands the rules and the responsibilities for starting, keeping, and ending a Restricted Account(s).

SIGNATURE OF COUNTY WORKER	WORKER NUMBER	DATE
----------------------------	---------------	------