

CASH AID/FOOD STAMP ELECTRONIC BENEFIT TRANSFER - EBT SERVICE REQUEST

DATE _____

CLIENT NAME	CASE NUMBER
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County Service Counter Request

- Request Designated Alternate Card Holder
- Request Authorized Representative
- Reactivate
- Replace Card PIN

Explain _____

If you are here to report a lost or stolen EBT Card, call toll free 1-877-328-9677 IMMEDIATELY.

Other (*Explain*) _____

I have received a copy of this service request.		
CLIENT OR DESIGNATED ALTERNATE CARD HOLDER/AUTHORIZED REPRESENTATIVE	PHONE	DATE

			<u>Date</u>
Issued Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Issued PIN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Reactivate Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Worker Initials	_____		