



## Additional Cardholder

By checking the box(es) below, I certify that:

<input type="checkbox"/>	<p>I want the following person(s) _____ to be my <b>Authorized Representative</b> to access my <u>Food Stamp Benefits</u> if I am not able access them.</p> <p>___ This person lives in my household.          ___ This person lives outside my household. (Allow one responsible person only)</p> <p><b>Authorized Representative Information:</b>          Social Security No: _____ (optional)          Date of Birth: _____ (optional)          Address: _____ Phone: _____</p>
<input type="checkbox"/>	<p>I want the following person(s) _____ to be an <b>Alternate Cardholder</b> to access my <u>Cash Benefits</u> if I am not able to access them.</p> <p>___ This person lives in my household.          ___ This person lives outside my household. (Allow one responsible person only)</p> <p><b>Alternate Cardholder Information:</b>          Social Security No: _____ (optional)          Date of Birth: _____ (optional)          Address: _____ Phone: _____</p>
<input type="checkbox"/>	<p>I want the following person(s) _____ to be my <b>Authorized Representative/Alternate Cardholder</b> for <u>both my Food Stamp and Cash Benefits</u>.</p> <p>___ This person lives in my household.          ___ This person lives outside my household. (Allow one responsible person only)</p> <p><b>Authorized Representative Information:</b>          Social Security No: _____ (optional)          Date of Birth: _____ (optional)          Address: _____ Phone: _____</p>

**I understand that if my EBT account is accessed by myself, an Authorized Representative/Alternate Cardholder or any other person to whom I voluntarily give my EBT card and PIN, the transaction is considered authorized and the benefits will not be replaced.**

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_  
 Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR COUNTY USE ONLY**

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_  
 Eligibility Technician \_\_\_\_\_ Date \_\_\_\_\_

**Distribution:**

*original* – case file (IC)

*copy* – customer