



Additional Cardholder

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

<input type="checkbox"/>	<p>I want the following person(s) _____ to be my Authorized Representative 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>Authorized Representative Information: Social Security No: _____ (optional) Date of Birth: _____ (optional) Address: _____ Phone: _____</p>
<input type="checkbox"/>	<p>I want the following person(s) _____ to be an Alternate Cardholder 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>Alternate Cardholder Information: Social Security No: _____ (optional) Date of Birth: _____ (optional) Address: _____ Phone: _____</p>
<input type="checkbox"/>	<p>I want the following person(s) _____ to be my Authorized Representative/Alternate Cardholder 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>Authorized Representative Information: 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