



REQUEST FOR EXEMPTION FROM CASH EBT

Name _____ Address _____ Social Security No. ____/____/____ Telephone No. (____)_____	County Use Section Case Name _____ Case No. _____
I do not want to receive my cash aid through an EBT card because: <input type="checkbox"/> I have a disability that prevents me from using the EBT card. <i>(If requested, verification must be provided within 60 days of this request).</i> <input type="checkbox"/> I live in a remote area. <i>(Please explain below).</i> <input type="checkbox"/> The EBT system is not available in my language and there isn't anyone to assist me in the process. <input type="checkbox"/> I cannot read in English or my native language. <input type="checkbox"/> Other: <i>(Please explain)</i> _____ _____ _____	<u>Exemption Code</u> <input type="checkbox"/> [H] <input type="checkbox"/> [R] <input type="checkbox"/> [L] <input type="checkbox"/> [N]
I declare under penalty of perjury that the information I have given on this form is true, correct and complete. Customer's Signature _____ Date Signed _____	<input type="checkbox"/> Exemption Approved (send NOA 07E) <input type="checkbox"/> Exemption Denied (send NOA 06E)
Eligibility Technician's Signature _____ Supervisor's Signature _____	Date _____ Date _____

Distribution:

original – case file (IC)

copy – customer