



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #07-09-OPE

*(This Policy Directive Replaces Policy Directive #07-06-OPE)*

### RESTRICTION OF ELECTRONIC BENEFIT TRANSFER CUSTOMER SERVICE AUTOMATED RESPONSE UNIT PIN SELECTION

<b>Date:</b> March 22, 2007	<b>Subtopic(s):</b> EBT
<b>REVISIONS TO THE ORIGINAL DIRECTIVE</b>	This policy directive is being revised to include referrals to the EBT Hotline at 212-331-4233 and to include the designated person, instead of Associate Job Opportunity Specialist II (AJOS II), as the individual responsible for taking action in accordance with this procedure.
<b>AUDIENCE</b>	The instructions in this policy directive are for staff in Job Centers and Non-Public Assistance (NPA) Food Stamp Offices. They serve as information for all other staff.
<b>POLICY</b>	Through the Electronic Benefit Transfer (EBT) system, participants can access their public assistance, Medicaid and Food Stamp benefits. The participant is given a Common Benefit Identification Card (CBIC) to access these benefits. A Personal Identification Number (PIN) is required to access public assistance and Food Stamp benefits.
<b>BACKGROUND</b>	Currently, there are two ways in which participants may change the PIN they use with their CBIC: <ul style="list-style-type: none"><li>• over the phone, by calling the EBT Customer Service Automated Response Unit (ARU) at (888) 328-6399 and selecting the PIN change option (for this option, participants must provide their Social Security number [SSN] and Mailing Address Zip Code);</li></ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

- by visiting the Job Center/Food Stamp Office and changing the PIN using the State-supplied MagTek PIN device.

**Note:** Payees without an SSN must come into the Job Center/Food Stamp Office to change a PIN number.

Account security problems have led to the development of an ARU PIN change function restriction.

The ARU PIN restriction function is a tool to be used by the payee for his/her own protection when s/he believes that his/her card security has been or will be compromised.

Eliminating the ability to change the PIN through the ARU signifies that, for affected accounts, any PIN changes for cards linked to that account must be done in person at the Job Center/Food Stamp Office by the payee with card in hand.

Once the PIN restriction has been engaged, it will block access to the ARU PIN change option for all existing and future cards issued to that payee or any other payee linked to the affected EBT account. The restriction will also be applied to any authorized representative CBIC or vault cards issued to the case and linked to the affected EBT account.

In order to change a PIN, payees must now visit their local Job Center/Food Stamp Office.

The EBT Customer Service ARU has been modified to reflect the imposition of a PIN change restriction option. For a payee who has a PIN change restriction in place, the Customer Service ARU will recognize this restriction when the card number is entered, and the payee will not be allowed access to the PIN selection option. The payee will then be referred to his/her Job Center/Food Stamp Office to change the PIN. Designated staff in the Job Centers/Food Stamp Office will have access to the EBT Administrative Terminal to process the request.

New Information

If assistance is needed with the EBT Administrative Terminal, staff should call the EBT Hotline number at 212-331-4233.

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## REQUIRED ACTION

The JOS/Worker should:

- advise the applicant/participant of the ability to restrict the PIN change function of his/her CBIC;
- advise payees of the advantages and disadvantages of restricting the PIN change function;
- advise the payee that once the PIN restriction is engaged, the only way the payee can change his/her PIN is to appear in person with card in hand at his/her Job Center/Food Stamp Office;

The payee must authorize the PIN restriction.

- if an applicant/participant wants to restrict the PIN change function for his/her CBIC, have him/her complete and sign the EBT Customer Service ARU PIN Restriction Permission Form ([EBT-64](#));
- inform the applicant/participant that the restriction can be lifted at his/her discretion upon request and confirmation of identity;
- give the payee an Information and Referral Notice ([W-113E](#)) and send him/her to Disbursement and Collections (D&C) with the **EBT-64**. In Model Centers, give the applicant/participant a D&C ticket along with the [EBT-64](#).

While the applicant/participant is present at D&C, the designated D&C staff person will:

D&C will be advised of the designated person's contact information.

- verify that the payee has the CBIC card;
- verify the payee's identity;
- contact the designated person who handles EBT restrictions and have him/her come to D&C.

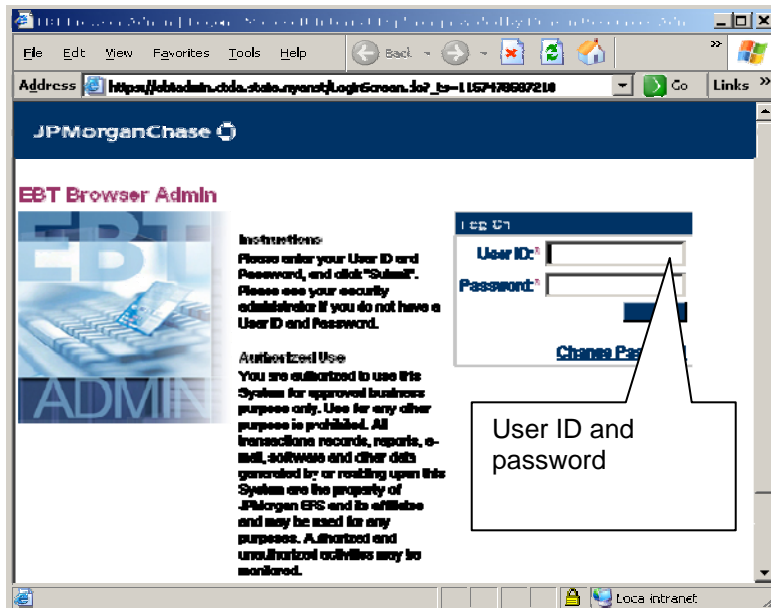
Revised

The designated person will immediately:

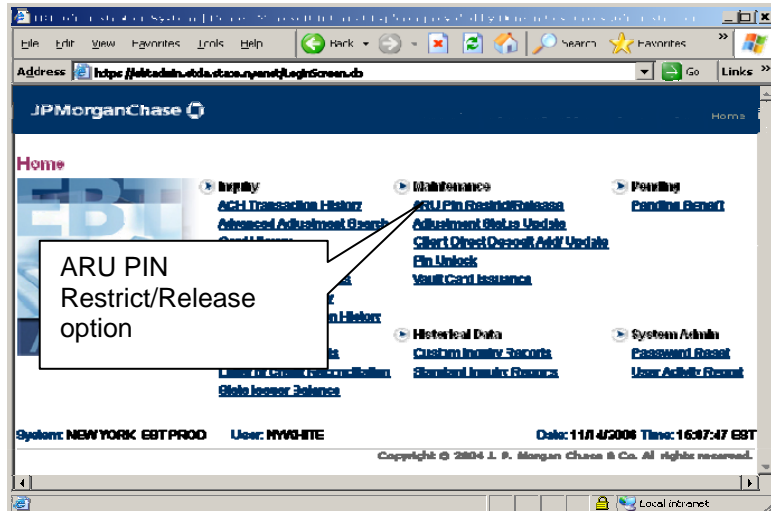
- obtain the signed [EBT-64](#);
- enter the restriction in EBT Admin System (shown on the following pages);
- sign the **EBT-64**, confirming data entry of the PIN restriction;
- ensure the **EBT-64** is scanned and indexed into the electronic case record.

**Note:** At NPA FS Offices without scanning equipment, ensure that the **EBT-64** is submitted for Day Forward imaging by the vendor.

The designated person who handles EBT restriction must follow the instructions below for entering the PIN Restriction/Release in the EBT Admin System:

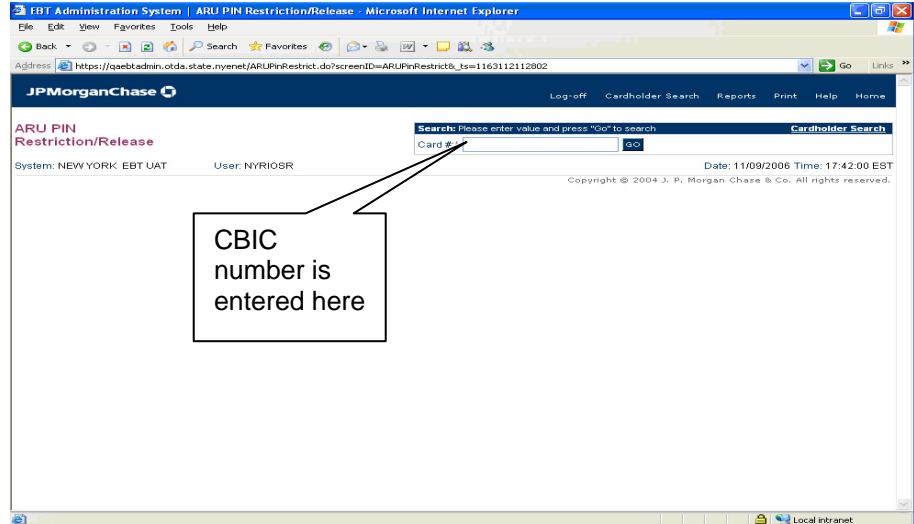


- Enter user ID and password on the **EBT Browser Admin** screen and click submit.

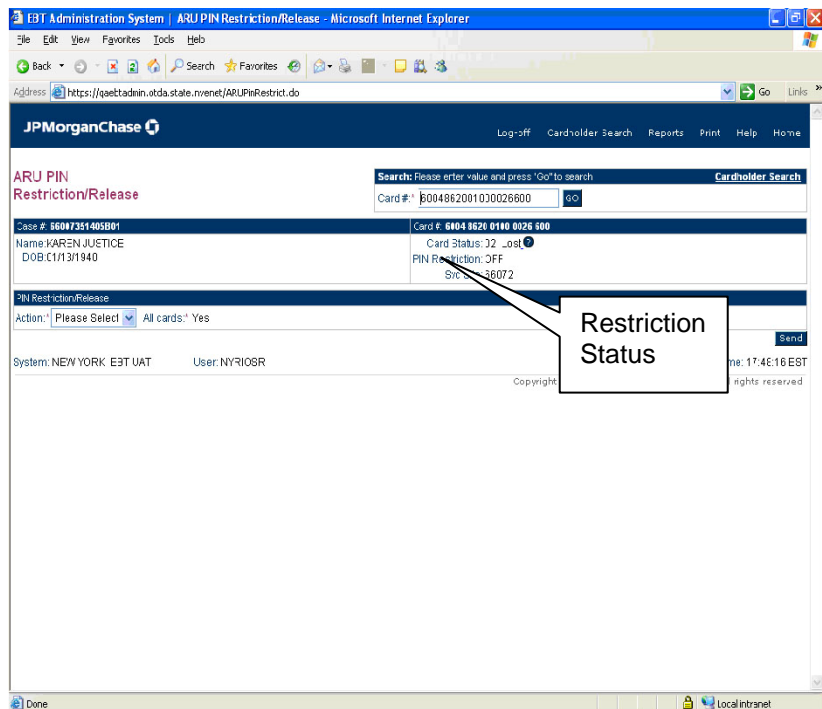


- Select the ARU PIN Restrict/Release option on the **Home** page:
  - The restriction of a PIN prevents cardholders from using ARU/EBT Account PIN select features;
  - The release of a PIN allows cardholders to use ARU/EBT Account PIN Select features.

The cardholder search feature should not be used to restrict the PIN change option or to release the restriction, as the payee must present the CBIC upon request to restrict or release.

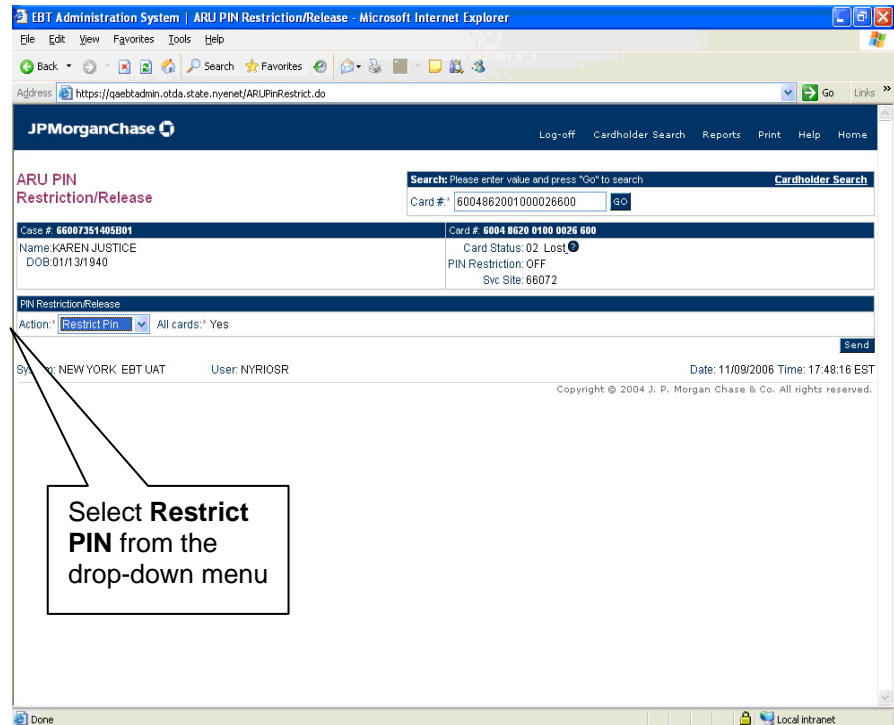


- Input the CBIC number for which a PIN restriction/release will be implemented.

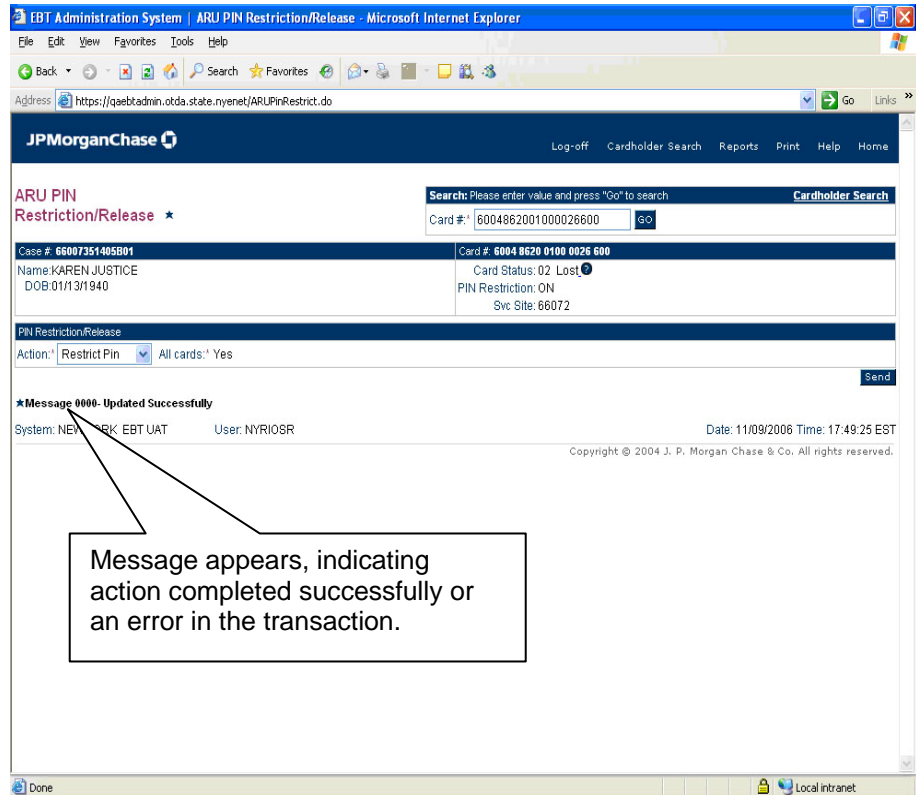


- Limited demographic information for the record as well as the card's current PIN Restriction status (**On** or **Off**) will be displayed:
  - **On** indicates that the card is currently restricted and that the ARU/EBT Account PIN select features may not be used;
  - **Off** indicates that the card is currently unrestricted and that the ARU/EBT Account PIN select features may be used.

**Note:** If a PIN restriction is in place, a field indicating the restriction will appear on the cardholder information page.



- To change the PIN restriction status, use the **Action** drop-down menu to select **Restrict Pin**.
- Select the **All Cards** drop-down menu and indicate whether this change will affect the displayed card only (select **No**) or all cards associated with the Case (select **Yes**).
- Click **Send** to update the action.



- Once the action has been processed, the message “updated successfully” will appear on the left side of the page confirming the action has been entered successfully. If the action was not entered successfully an error message will appear.
- The **EBT-64** must be signed by the designated person who handles EBT restrictions, confirming data entry of PIN restriction.
- The **EBT-64** must be scanned and indexed into payee’s case record or sent for Day Forward imaging at NPA FS locations that do not have scanners.

Revised

**PROGRAM IMPLICATIONS**

Model Center Implications

The applicant/participant must be given a D&C ticket along with the [EBT-64](#).

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

There are no Food Stamp implications.

Medicaid  
Implications

There are no Medicaid implications.

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**LIMITED  
ENGLISH  
SPEAKING  
ABILITY (LESA)  
AND HEARING  
IMPAIRED  
IMPLICATIONS**

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#) and [PD #06-13-OPE](#).

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**FAIR HEARING  
IMPLICATIONS**

There are no Fair Hearing implications.

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**REFERENCES**

[06-ADM-14](#)

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**RELATED ITEMS**

[PD 99-24R\(3\)](#) Electronic Benefits Transfer (EBT)

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**ATTACHMENTS**

**EBT-64** EBT Customer Service ARU PIN Restriction  
Permission Form (02/21/07)  
**EBT-64 (S)** EBT Customer Service ARU PIN Restriction  
Permission Form (Spanish) (02/21/07)

 Please use Print on Demand to obtain copies of forms.





Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
CIN: \_\_\_\_\_

**EBT Customer Service Automated Response Unit (ARU)  
Personal Identification Number (PIN) Restriction Permission Form**

Payee's Name \_\_\_\_\_

As the payee for the case indicated above, I am requesting that the Agency

- Restrict
- Unrestrict

SAMPLE

access to the EBT Customer Service ARU PIN selection function for all of my applicable Client Benefit Identification Cards (CBICs).

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

<b>To Be Completed by Designated AJOS II</b>	
EBT Restriction Action <input type="checkbox"/> Yes <input type="checkbox"/> No	EBT Restriction Lifted <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ AJOS II's Signature	
_____ Date	



Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
CIN: \_\_\_\_\_

**Formulario de Permiso de Restricción del Número de Identificación Personal  
Unidad de Reacción Automatizada de Atención al Cliente de EBT**

SAMPLE

Nombre del Beneficiario \_\_\_\_\_

Como beneficiario del caso indicado más arriba, solicito que la Agencia

- Restrinja
- Levante la restricción del

acceso a la función de selección del Número de Identificación Personal (Personal Identification Number – PIN) de la Unidad de Reacción Automatizada (Automated Response Unit – ARU) de Atención al Cliente de EBT para todas mis Tarjetas de Identificación de Beneficios del Cliente (Client Benefit Identification Cards – CBICs) que correspondan.

\_\_\_\_\_  
Firma del Beneficiario

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Trabajador

\_\_\_\_\_  
Fecha

To Be Completed by Designated AJOS II	
EBT Restriction Action <input type="checkbox"/> Yes <input type="checkbox"/> No	EBT Restriction Lifted <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ AJOS II's Signature	_____ Date