



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN # 13-52-OPE

(This Policy Bulletin Replaces PB #08-131-OPE and Obsoletes PB #10-51-OPE)

NEW AND REVISED ELECTRONIC BENEFIT TRANSFER (EBT) FORMS

Date: May 30, 2013	Subtopic: Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p>See PB #08-80-OPE</p>	<p>The purpose of this policy bulletin is to inform staff of revisions to the following EBT Forms:</p> <ul style="list-style-type: none"> • Pin Pad Password Request Electronic Benefits Transfer (EBT) Services (EBT-53) • Supervisor’s Weekly Report Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Electronic Benefits Transfer (EBT) Services (EBT-54) • Daily Activity Report (DAR) Electronic Benefits Transfer (EBT) Services (EBT-55) • Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services (EBT-56) • Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Referral Electronic Benefits Transfer (EBT) Services (EBT-59). <p>The revisions are:</p> <ul style="list-style-type: none"> • EBT-53: A statement has been added above the worker signature line: “Inappropriate access to or use of an EBT Administrative Terminal and/or computer application may result in the Agency initiating disciplinary and/or criminal action against the responsible party. I understand the password or other access devices are my responsibility to safeguard.” This form is completed by the Job Center or SNAP Center Worker who is applying for an EBT PIN Pad password to operate the PIN Change Terminal.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center*

- **EBT-54:**
This form has been renamed, Supervisor’s Daily Report Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Electronic Benefits Transfer (EBT) Services, and the headings in the first column have been changed to: “**EBT/CBIC Info**,” “**PIN Restriction**,” “**Special Handling**,” “**EBT-59**,” “**Vault Cards**,” “**FIA-1059**,” and “**Other**.” Additionally, the top row has been re-titled, “Worker Name” and the last row labeled “Workers” has been deleted.
- **EBT-55:**
The second through sixth columns have been re-titled “**PIN Restriction**,” “**Special Handling**,” “**EBT-59**,” “**Vault Cards**,” and “**Other**.”
- **EBT-56:**
A statement has been added above the worker’s signature line: “Inappropriate access to or use of an EBT Administrative Terminal and/or computer application may result in the Agency initiating disciplinary and/or criminal action against the responsible party. I understand the password or other access devices are my responsibility to safeguard.” In addition, the drop-down menu has been updated to include Job Center, SNAP Center, and HASA. This form is used by Job Center and SNAP Center staff to create, reset or delete passwords used to access the EBT Administrative System.
- **EBT-59:**
The statement, “A new referral (**LDSS-4113-2**) must be issued if a new CBIC is required,” has been deleted from the bottom of the form.

See [PB #07-141-SYS](#)

In addition to the aforementioned revisions, a new form titled, EBT Services CBIC OTC SITE Receipt for CBIC Card to Non-Participant (**EBT-66**), has been created. This form must be returned to the Site Manager of the issuing OTC Site, signed by both the non-participant and participant, when the non-participant picks up an EBT card.

New Form

Both the new and revised EBT forms are available as fillable forms on the FIAweb.

Effective Immediately

Related Items:

- [PB #07-141-SYS](#)
- [PB #08-80-OPE](#)

Attachments:

🖨 Please use Print on Demand to obtain copies of forms.

- EBT-53** Pin Pad Password Request Electronic Benefits Transfer (EBT) Services (Rev. 5/30/13)
- EBT-54** Supervisor's Daily Report Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Electronic Benefits Transfer (EBT) Services (Rev. 5/30/13)
- EBT-55** Daily Activity Report (DAR) Electronic Benefits Transfer (EBT) Services (Rev. 5/30/13)
- EBT-56** Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services (Rev. 5/30/13)
- EBT-59** Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Referral Electronic Benefits Transfer (EBT) Services (Rev. 5/30/13)
- EBT-66** EBT Services CBIC OTC SITE Receipt for CBIC Card to Non-Participants

Date: _____

Pin Pad Password Request Electronic Benefits Transfer (EBT) Services

Type of Request:
New: _____ Delete: _____

SECTION I: User Work Location					
Location: _____					
Address: _____					
City: _____	Borough: _____	State: _____		Zip: _____	

SECTION II: Worker Information	
First Name: _____	Last Name: _____
C.S. Title: _____	
Functional Title: _____	
Employee Identification Number (EIN): _____	Telephone Number: _____

SAMPLE

Inappropriate access to or use of an EBT Administrative Terminal and/or computer application may result in the Agency initiating disciplinary and/or criminal action against the responsible party. I understand the password or other access devices are my responsibility to safeguard.

Worker Signature: _____ Date: _____

Director Signature: _____ Date: _____

Send original hard copy to: EBT Services
180 Water Street, 19th Floor
New York, NY 10038

**Supervisor's Daily Report
Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site
Electronic Benefits Transfer (EBT) Services**

Date: _____

Action	Worker Name:	Worker Name	Worker Name	Worker Name	Total
1. EBT/CBIC Info	SAMPLE				
2. PIN Restriction					
3. Special Handling					
4. EBT-59					
5. Vault Cards					
6. FIA-1059					
7. Other					
Total					

Site: Brooklyn Manhattan

Prepared By: _____

Date Completed: _____

DAILY ACTIVITY REPORT (DAR)
Electronic Benefits Transfer (EBT) Services

CBIC/EBT General Info	PIN Restriction	Special Handling	EBT-59	Vault Cards	Other
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TOTAL:					

SAMPLE

FIA-1059

Prepared By: _____

Date Completed: _____

Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services

Type of Request	
<input type="checkbox"/> New	For: <input type="checkbox"/> Reset <input type="checkbox"/> Delete Admin Terminal User ID: _____

Section I	Work/Site Location
Site Name: _____ Address: _____ City: _____ State: _____ Zip: _____	

Section II	Worker Information
<div style="font-size: 4em; opacity: 0.5; text-align: center; position: absolute; top: 50px; left: 200px; pointer-events: none;">SAMPLE</div> First Name: _____ Last Name: _____ C.S. Title: _____ Functional Title: _____ Employee Identification Number (EIN): _____ Telephone Number: _____	

Inappropriate access to or use of an EBT Administrative Terminal and/or computer application may result in the Agency initiating disciplinary and/or criminal action against the responsible party. I understand the password or other access devices are my responsibility to safeguard.

Worker's Signature _____
Date

Print Director's Name

Director's Signature _____
Date

Send original hard copies to: EBT Services
180 Water Street, 19th Floor
New York, NY 10038

Date: _____

Case Name: _____

Case Number: _____

Center Number: _____

Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Referral Electronic Benefits Transfer (EBT) Services

To: _____

Attention: D&C/Reception Supervisor

From: CBIC/OTC Site

Brooklyn

Manhattan

OTC Site Action Taken	
<input type="checkbox"/> CBIC card issued	<input type="checkbox"/> No CBIC card issued
Reason for Referral	
SAMPLE	

Worker's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

**EBT Services
CBIC OTC SITE
Receipt for CBIC Card to Non-Participant**

To:

Date:

From:

Brooklyn OTC
227 Schermerhorn Street
Ground Floor

Manhattan
109 East 16th Street
Ground Floor

Worker's Signature: _____

Name of Participant:

Participant's CIN:

Reason card is being issued to Non-Participant:

- Homebound/PSA Client
- BFI Staff Pick-up

- Temporary Authorized Representative
- Other reason for Non-Participant pick-up: (please explain below)

SAMPLE

Name and Title of Non-Participant: (Print) _____

(Sign) _____

Name of Participant (Print) _____

(Sign) _____

After CBIC Card is issued and signed for by both Non-Participant and Participant, please return this receipt to Site Manager of issuing OTC site.