



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #07-141-SYS

ADMINISTRATIVE TERMINAL PASSWORD REQUEST FORM (EBT-56)

<p>Date: November 26, 2007</p>	<p>Subtopic(s): EBT</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform staff of the creation of the EBT Services Administrative Terminal Password Request form (EBT-56). The EBT-56 is for use by Job Center and Non-Cash Assistance (NCA) Food Stamp (FS) Center staff authorized to access the Electronic Benefits Transfer (EBT) Administrative Terminal.</p> <p>The EBT-56 must be completed to create, reset or delete passwords to access the EBT Administrative System. The form must be signed by the Job Center or NCA FS Center Director.</p> <p>Note: No staff member is allowed to have both Personal Identification Number (PIN) password access and Administrative Terminal security access because it would be a breach of security.</p> <p>For information on accessing and using the EBT Administrative System, the Office of Temporary and Disability Assistance (OTDA) has developed the EBT Administrative System Web Application User Manual. This manual was published under separate cover (Refer to TM #07-20 for a copy of the manual).</p> <p>A sample of the form is attached.</p> <p><i>Effective Immediately</i></p> <p>Related Item:</p> <p>TM #07-20</p> <p>Attachment:</p> <p>EBT-56 EBT Services Administrative Terminal Password Request (Rev. 11/26/07)</p>

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 Services Administrative Terminal Password Request

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

Current Work/Site Location			
Site Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	

User Information	
Name: _____	
C.S. Title: _____	
Functional Title: _____	
Auto-time I.D. No.: _____	Telephone Number: _____

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