



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-131-OPE

NEW AND REVISED ELECTRONIC BENEFITS TRANSFER (EBT) FORMS

Date: October 17, 2008	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff about the revisions to and introduction of the following Electronic Benefits Transfer (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) • Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Situation Log Electronic Benefits Transfer (EBT) Services (EBT-62) • Automated Finger Imaging System (AFIS) Photo Weekly Tracking Log Electronic Benefits Transfer (EBT) Services (EBT-67) • Monthly Authorization to Practice (ATP) Reconciliation Statistical Report: Supplemental Nutrition Assistance Program (SNAP) City of New York Project Code 36-062-8894 (EBT-68)

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*

Revised Forms

Forms **EBT-53** and **EBT-56** are for use by staff at the centers requesting an “Admin Terminal Password” and/or a “Pin Pad Password.”

These forms have been revised as follows:

See [PB #08-80-OPE](#)

- **EBT-53:** The “Type of Request” field has been moved to show two selections, “New” and “Delete,” in its own section named “Type of Request”. The “Name” field is changed to display “First Name” and “Last Name.”

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

- **EBT-56:** Under the section “Type of Request,” “Submit User ID” has been changed to “Admin Terminal User ID.”

New Forms

The new EBT forms listed below are for use by the HRA Workers at the Common Benefit Identification Card (CBIC) Over the Counter (OTC) Sites. These forms are exclusive to the EBT Unit.

- **EBT-54**
- **EBT 55**
- **EBT-59**
- **EBT-62**
- **EBT-67**
- **EBT-68**

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

Center Directors must ensure that all previous versions of the revised forms are removed from circulation and recycled.

Effective Immediately

Related Items:

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

[PB #08-80-OPE](#)

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

Attachments:

- EBT-53** Pin Pad Password Request Electronic Benefits Transfer (EBT) Services (Rev. 10/17/08)
- EBT-54** Supervisor's Weekly Report
Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Electronic Benefits Transfer (EBT) Services
- EBT-55** Daily Activity Report (DAR) Electronic Benefits Transfer (EBT) Services
- EBT-56** Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services (Rev. 10/17/08)
- EBT-59** Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Referral Electronic Benefits Transfer (EBT) Services
- EBT-62** Common Benefit Identification Card (CBIC) Over the Counter (OTC) Site Situation Log Electronic Benefits Transfer (EBT) Services
- EBT-67** Automated Finger Imaging System (AFIS) Photo Weekly Tracking Log Electronic Benefits Transfer (EBT) Services
- EBT-68** Monthly Authorization to Practice (ATP)
Reconciliation Statistical Report: Supplemental Nutrition Assistance Program (SNAP)
City of New York Project Code 36-062-8894

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:	_____
Auto-time I.D. Number:	Telephone Number:
_____	_____

Worker Signature: _____

Date: _____

Director Signature: _____

Date: _____

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

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

Week Ending: _____

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Comments</u>
1. EBT/CBIC Info	SAMPLE					
2. Vault Cards						
3. ADM/WMS and Activate						
4. WFFSI						
5. Referrals						
Total						

Workers					
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Site: Brooklyn Manhattan

Prepared By: _____

Date Completed: _____

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

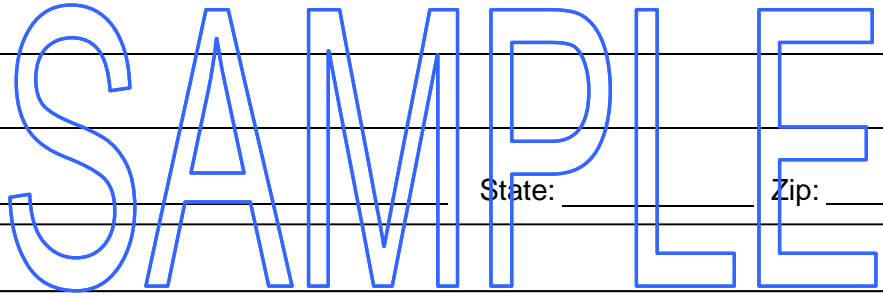
CBIC/EBT General Info	Vault Cards Issued	Adm/WMS Usage	WFFSI Case Name & CIN #	Referrals	Action/Comments
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
				Ref: No Ref:	
TOTAL:				Ref: No Ref:	

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
First Name: _____	Last Name: _____
C.S. Title: _____	
Functional Title: _____	
Auto-time I.D. Number: _____	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

Date: _____
Case Name: _____
Case Number: _____
Center Number: _____
Attention: _____

**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: _____

A new referral (**LDSS-4113-2**) must be issued if a new CBIC is required.

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

Week Ending _____

SAMPLE

Date	Situation	Resolution

Supervisor: _____

Brooklyn

Manhattan

Week Ending: _____

**Automated Finger Imaging System (AFIS) Photo Weekly Tracking Log
Electronic Benefits Transfer (EBT) Services**

Date	Applicant's/Participant's Name	CIN Number	Case Number	Reason Called
SAMPLE				

Tracking sheets must be used on a weekly basis. If there were no calls for the week, a line should be drawn through the log for the week (-0-). Supervisors must submit this form with weekly Daily Activity Reports (DAR).

Worker's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Automated Finger Imaging System (AFIS) Photo Weekly Tracking Log Electronic Benefits Transfer (EBT) Services (continued)

- Applicant/participant receiving a CBIC at the OTC Site with the **wrong photo on card**:
 - HRA Worker must ask if applicant/participant previously had a card with a photo. If applicant/participant had a previous card with a photo, the Worker must check all CIN numbers associated with the applicant/participant.
 - HRA Workers must also check the OneViewer under identity to see if there is an AFIS photo and what CIN number is associated.
- Applicant/participant receiving a CBIC at the OTC Site **with no photo on the card**:
 - HRA Worker must ask if applicant/participant previously had a card with photo. If the applicant/participant had a card with photo, the HRA Worker must check all CIN numbers associated with the applicant/participant.
 - HRA Workers must also check the HRA OneViewer under identity to see if there is an AFIS photo, and what CIN number is associated with the applicant/participant under AFIS.
- Applicant/participant **entering the OTC Site after 5:30 PM** with the above problems:
 - Follow instructions above.
 - Inform the applicant/participant that the permanent card they will receive today will not have a photo, but a card with photo will be mailed to their home within 10 business days.
 - E-mail EBT Services with the applicant's/participant's name, CIN and SSN numbers and a brief description of the problem (e.g., no picture/wrong picture).
 - EBT Services will call the Help Desk with the information given. We will e-mail the unit Supervisor and Worker when the case has been corrected and the card request has been mailed out.
 - If the applicant/participant states they never had a CBIC card before and we do not see a photo on the HRA OneViewer, the applicant/participant should be given a CBIC referral and sent back to their center for an AFIS update. Please include in the referral **EBT-59** for the Center to make sure the AFIS image is entered into the case prior to sending the applicant/participant to the OTC Site.

Workers are to call the **AFIS Help Desk** with all Photo ID (CBIC) problems. The Help Desk can be reached between 9:00 AM to 5:30 PM at (718) 510-0596. Please leave clear and concise information and they will return the call. Make sure you have the correct full name, CIN, SSN and Case numbers. Let him or her know we have either no photo, the wrong photo or an old photo. All calls are to be logged on the **AFIS Photo Tracking Log**.

Reconciliation Month/Year: _____

Monthly Authorization to Practice (ATP) Reconciliation Statistical Report: Supplemental Nutrition Assistance Program (SNAP)
City of New York Project Code 36-062-8894

SNAP Household Type

	PA-SNAP	SSI-SNAP	FA-SNAP-SSI	NPA-SNAP	SNAP-MIX	Total
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SAMPLE

Number of Households:

Number of Persons:

Value of SNAP:

Remarks:

Prepared by:

Date:
