Human Resources Administration
Department of Social Services

OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 23-24-OPE

AVAILABILITY OF TWO ELECTRONIC BENEFIT TRANSFER (EBT) CARDS TO CERTAIN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS

Date: April 06, 2023	**Subtopic(s):** SNAP, EBT
Refer to PD #20-03-SYS Refer to PB #17-09-OPE	The purpose of this policy bulletin is to inform Benefits Access Center (BAC), Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center, and HIV/AIDS Services Administration (HASA) Center staff that certain SNAP households are now permitted to have two Electronic Benefit Transfer (EBT) cards with access to their SNAP benefits due to a state law change. This policy bulletin is informational for all other staff. For a SNAP household to be eligible for a second EBT card, the SNAP household must include two parent(s)/guardian(s) who: • Are both active on the SNAP case, • Live in the household full-time, and • Are over the age of 18 or, regardless of age, are a parent/guardian of a minor child. Households that meet the above criteria may request an additional EBT card. The second EBT card does not entitle a SNAP household to any additional SNAP benefits. Both EBT cards are associated with the household's SNAP case and transactions made using either card will draw from the same SNAP account. **Background** Prior to the recent state law change, SNAP households were generally permitted to have only one EBT card to access their SNAP benefits. However, SNAP households may allow a non-household member to access their SNAP benefits by designating an authorized representative and completing the Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Request Form (**LDSS-4942**). Authorized representatives are non-household members authorized to act on behalf of a SNAP household in the application and recertification processes, and in obtaining and using SNAP benefits. The SNAP household may complete the Request for

Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) form to request an EBT card for their authorized representative allowing them access to the household's SNAP benefits.

This new law expands the category of households that are permitted to have two EBT cards with access to the household's SNAP benefits to include households with two parent(s)/guardian(s) who are both active on the SNAP case, live in the household full time, and are over the age of 18 or, regardless of age, are a parent/guardian of a minor child. The second parent/guardian is not considered an authorized representative and does not have the same permissions and responsibilities to act on behalf of the head of household. However, the procedures to obtain a second EBT card will follow the same procedures used to obtain an authorized representative card, including using the same **W-607A** form, and using the **auth rep screen** in the Welfare Management System (WMS) to request the second card. Similar to an authorized representative card, the second EBT card will contain the payee/head of household's name and the name of the second parent/guardian in the household. Each card will have its own card number. Designated authorized representative information will remain on **screen 7** of WMS.

SNAP households are only permitted a maximum of two active EBT cards. If a two parent(s)/guardian(s) household already has an authorized representative card issued, they cannot request an additional card for the second parent/guardian. Similarly, if the two parent(s)/guardian(s) household receives a second EBT card for the parent/guardian, they will be unable to request an additional card for an authorized representative.

Program Implications

Additional EBT cards will not be issued to eligible SNAP households automatically. To receive a second EBT card, the SNAP head of household must submit the request in writing using the **W-607A** form.

Once a household submits the **W-607A** form, the request must be reviewed and processed within 30 calendar days. The SNAP head of household may request the second card be deactivated at any time without the consent of the second cardholder by completing the **W-607A** form. The **W-607A** form must be scanned and indexed into the Human Resources Administration (HRA) One Viewer.

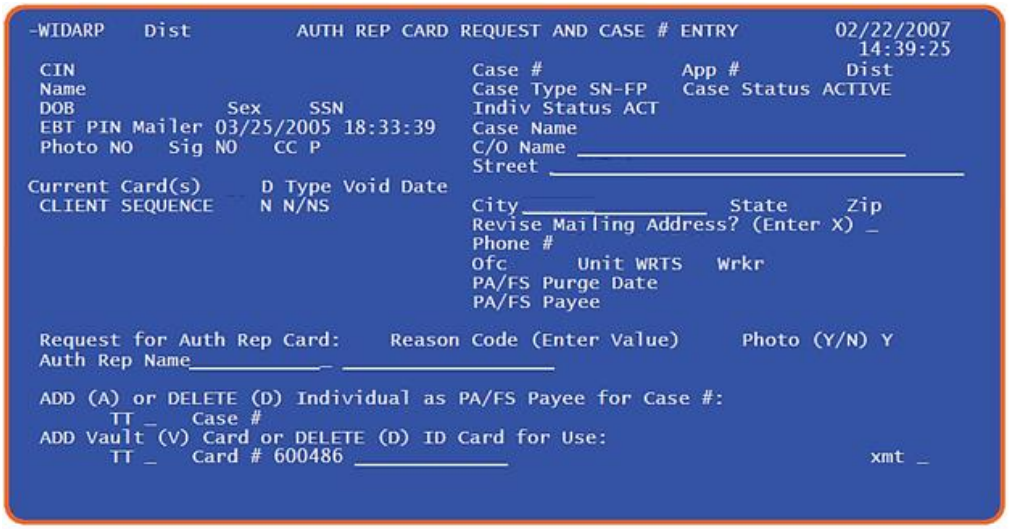
Systems Implications

To order a second card for a household, the following steps must be taken:

1. Go to WMS Selection **09**, CBIC Menu.
2. In the Function field, enter "**03**".
3. Type case payee's Client Identification Number (CIN).
4. Press enter.
5. Type Authorized Representative Name and Reason Code **09.**
6. Press enter.

Note: For the purposes of this request only, the second cardholder is identified as an "authorized representative".

Refer to the following card ordering page:



Effective Immediately

References:

23-ADM-02

Related Items:

PD #20-03-SYS
PB #17-09-OPE

Attachments:

LDSS-4942	Supplemental Nutrition Assistance Program (SNAP) Authorized Representative Request Form (Rev. 10/16)
W-607A	Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (Rev. 08/09/19)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
AUTHORIZED REPRESENTATIVE REQUEST FORM

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ____ Yes ____ No

If Yes, check the type of format you would like: ___ Large Print ___ Data CD ___ Audio CD ___ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

Applicant/Recipient Name:	Applicant Address:
Applicant/Recipient Case Number:	

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP benefits for you. You can also authorize someone to use your SNAP benefit card to buy food for you. If you would like to authorize someone for either of these purposes, you must do so in writing. You may do so by printing the person's name, address and phone number below and signing the next page of this form.

Authorized Representative Name:	Authorized Representative Address:
Authorized Representative Telephone Number:	

I authorize the above designated individual to act as my representative until I revoke this authorization for the purposes checked below. I understand that if I do not check any of the boxes below, my authorized representative will be authorized to perform all of the functions listed next to the boxes. I understand that I may revoke all or part of this authorization at any time by notifying my local district in writing.

Please Check the Appropriate Box(es)

- ☐ Application for SNAP benefits
- ☐ Recertification for SNAP benefits
- ☐ To use my SNAP benefit (EBT card) to purchase food for me
- ☐ All of the above

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

SNAP PENALTY WARNING (continued)

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP-IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found to have made a fraudulent statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.

Additionally, a court may bar an individual from participating in SNAP for an additional 18 months.

Permanent disqualification of an individual for:

- The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives;
- The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of $500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices);
- The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required);
- All third SNAP Intentional Program Violations.

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to $250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

Additionally the following is not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for actions that include:

- Using or have in your possession EBT cards that do not belong to you, without the card owner's consent; or
- Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit; or
- Allowing someone else to use your electronic benefit transfer (EBT) card in exchange for cash, firearms, ammunition, explosives, or drugs or to purchase food for individuals who are not members of the SNAP household.

Note: Both the applicant and/or authorized representative are subject to the above penalties.

Applicant Signature:	**Date:**

As an authorized representative I acknowledge the information set forth above.

Authorized Representative Signature:	**Date:**

Department of Social Services
Human Resources Administration
Department of Homeless Services
Family Independence Administration

Request for Identification Card/ Temporary Medicaid Authorization/Update Existing CBIC

Prepare in the following situations:

- Replacement of CBIC or Medicaid card
- Update CBIC
- Undomiciled applicant/participant
- Issuance of Immediate Needs/Expedited Supplemental Nutrition Assistance Program (SNAP) Grant
- Authorized representative (payee) case
- Temporary Medicaid Authorization for applicant before case is on WMS

Section I: (To be completed by JOS/Worker)

To: Reception/Disbursement and Collections Unit	From: Job Center/Supplemental Nutrition Assistance Program (SNAP) Office: Caseload:
Case Name:	Applicant/Participant's Signature:
Authorized Representative (Payee) Name (print):	Authorized Representative (Payee) Signature:
Fingering Imaging/Photo/Signature Completed ☐ Applicant/Participant CIN:	Applicant/Participant Case Type/Case No./ Registry No./Suffix:

Check Reason for Action:

- ☐ 01 Lost card
- ☐ 02 Stolen
- ☐ 03 Defective
- ☐ 04 Mutilated
- ☐ 06 Surrendered
- ☐ 09 First card/never received
- ☐ CBIC update (no CBIC referral required)

Identification documents witnessed for applicant/participant or authorized representative; the same two pieces must be presented to the Disbursement and Collections (D&C) Unit.

Document	ID Number

Section II: Reason for Request (To be completed by JOS/Worker)

☐ Photo card?
- ☐ No
- ☐ Yes

☐ Is the mailing address different than that on WMS?
- ☐ No ☐ Yes

If yes, complete below.

Care of Name

Street Apt. No.

City State Zip

☐ Is applicant receiving expedited SNAP benefits and/or an immediate needs grant?
- ☐ No ☐ Yes

Is the payee correctly established?
- ☐ No ☐ Yes

If No:
- ☐ Delete current payee

CIN

- ☐ Add new payee

CIN

- ☐ Mail Permanent Card and Temporary Medicaid Card (**LDSS-4113-2**) (CBIC menu function 1)
- ☐ Over-the-Counter Permanent Card Request (**LDSS-4113-2**) (CBIC menu function 2)
- ☐ Vault Card and Mail Card (CBIC Menu Option 1)

(Turn page)

Section II: Reason for Request (To be completed by JOS/Worker)

☐ Authorized Representative Card (CBIC menu function 3)
Be sure to send authorized representative to the AFIS Unit for photo and signature only.
Check one: ☐ Agency pickup (at OTC Site) ☐ Mail ☐ Vault Card

Authorized Representative: _____ ____ _____
First Name M.I. Last Name

☐ Temporary Medicaid Authorization (**LDSS-2831-A**) **Complete Section IV.**

JOS/Worker's Signature	Date	Supervisor's Signature	Date

Section III: Signature Verification (To be completed by D&C or SNAP Reception)

☐ Vault card (Temporary) issued
☐ Permanent card mail request processed (to be decided by D&C or SNAP Reception) ☐ Pickup CBIC (at OTC Site)

Applicant/Participant's Signature	Date	Authorized Representative (Payee)Signature	Date

Signature(s) verified and documents listed in Section I seen.

SNAP Reception/D&C or Card Producer's Signature: _____ Date:_____

To be Completed by Job Center ONLY

Section IV: Additional information for Temporary Medicaid Authorization (**LDSS-4113-2/LDSS-2831A**) (To be completed by JOS/Worker)

Name	Last	First	
Address	Street		
	City	State	Zip Code

Enter 7-digit case number and 1-digit suffix	Leave blank		If enrolled in HIP or HMO plan, enter "P." For all others, enter "A."
↓	↓	Enter insurance code if available. If not available leave blank. ↓	
Case Number		Category	↓ ↓

CIN	Last Name	First Name	Sex	Date of Birth	Ins. Code	Cov. Code	SSN

If temporary Medicaid card (**LDSS-2831A**) is issued, please also give the Applicant/Participant_____
From _____