

FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #11-09-OPE

## OVER THE COUNTER CARD CANCELLATION (FIA-1018) FORM

| <b>Date:</b><br>January 28, 2011                            | Subtopic(s):<br>Forms  |  |  |
|---|--|--|--|
| This procedure can<br>now be accessed on the<br>FIAweb.     | The purpose of this policy bulletin is to inform all Electronic Benefit<br>Transfer (EBT) Services staff about the newly developed Over the<br>Counter Card Cancellation ( <b>FIA-1018</b> ) form. This form is to be used<br>at Over the Counter (OTC) sites when EBT cards are being<br>cancelled because they were issued with errors by the contracted<br>card vendor. |  |  |
|   | The EBT Services staff will fill in the card holder's name, Client Identification Number (CIN), card number, and the reason for the cancellation, and sign and date the <b>FIA-1018</b> . OTC HRA personnel will then cancel the card and file the <b>FIA-1018</b> in the Agency's record.   |  |  |
|   | A sample of Form <b>FIA-1018</b> is attached.  |  |  |
|   | Effective Immediately  |  |  |
|   | Attachment:  |  |  |
| Please use Print on<br>Demand to obtain copies<br>of forms. | FIA-1018 Over the Counter Card Cancellation  |  |  |



| Date:        |  |
|--------------|--|
| Case Number: |  |
| Case Name:   |  |
| EBT Site:    |  |
|              |  |

## **Over the Counter Card Cancellation**

| Card Number:             | CIN Number: |
|--------------------------|-------------|
| Card Issued to:          |             |
|                          |             |
| Reason for Cancellation: |             |
|                          |             |
|                          |             |
|                          |             |
|                          |             |
|                          |             |
|                          |             |
|                          |             |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_