



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #08-103-OPE

### REVISIONS TO THE ID CARD SIGNATURE AUTHORIZATION FORM (W-608V)

<b>Date:</b> August 22, 2008	<b>Subtopic(s):</b> Forms
<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 all Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff that the ID Card Signature Authorization Form (<b>W-608V</b>) has been revised and renamed the Common Benefit Identification Card (CBIC) Signature Authorization Form.</p> <p>The revisions to the <b>W-608V</b> are as follows:</p> <ul style="list-style-type: none"> <li>• The logo has been updated</li> <li>• The salutation has been removed</li> <li>• Public Assistance has been changed to Cash Assistance</li> <li>• Alternate Payee has been changed to Authorized Representative</li> </ul> <p>Formerly, the <b>W-608V</b> was published with English on the face side and the Spanish translation on the reverse side. The document is now two separate forms.</p> <p>A sample of the revised form and a sample of the new Spanish form are attached.</p> <p>Job Center Directors and NCA FS Center Managers must ensure that all previous versions of the <b>W-608V</b> and its multilingual equivalents are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>W-608V</b> Common Benefit Identification Card (CBIC) Signature Authorization Form (Rev. 8/22/08)</p> <p><b>W-608V (S)</b> Common Benefit Identification Card (CBIC) Signature Authorization Form (Spanish)</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*

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Job Center/NCA FS Center: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### Common Benefit Identification Card (CBIC) Signature Authorization Form

In order to access your Food Stamp (FS) and/or Cash Assistance (CA) benefits, you will need a Common Benefit Identification Card (CBIC). Before a CBIC can be issued, we need to obtain your signature to put on your CBIC. If you would like to designate someone (an Authorized Representative) to be able to access your FS and/or CA benefits on your behalf we will also need his/her signature.

If you are unable to come to our Center, we will need your signature (and the signature of your Authorized Representative, if you choose one) on this form in order to process your CBIC.

Please follow these instructions carefully:

1. Print your name on the line below and sign your name in the signature box below.

Print your name here: \_\_\_\_\_

**Sign  
Your  
Name  
Here** →

**SAMPLE**

2. If you choose to have an Authorized Representative access your FS and/or CA benefits, ask him/her to print their name on the line below and sign his/her name in the box below.

Authorized Representative **print** your name here: \_\_\_\_\_

**Authorized  
Representative  
Sign  
Your  
Name  
Here** →

Please return this completed form along with your application/recertification in the enclosed postage-paid envelope. If your application/recertification is accepted, you will be mailed a CBIC. If you have designated an Authorized Representative to access your FS and/or CA benefits, a second CBIC will also be mailed to you. If you are eligible for Medicaid, only your card can be used to access those benefits.

For office use only.

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro de Trabajo/  
Centro NCA FS: \_\_\_\_\_  
Número de Teléfono: \_\_\_\_\_

## Tarjeta de Identificación de Beneficios Comunes (CBIC) Formulario de Firma de Autorización

Para poder obtener sus Cupones para Alimentos y/o beneficios de Asistencia en Efectivo, usted necesitará una Tarjeta de Identificación de Beneficios Comunes (CBIC). Antes de que se pueda expedir una CBIC, necesitamos obtener su firma para incluirla en su CBIC. Si usted desea designar a alguien (un Representante Autorizado) quien pueda obtener sus beneficios de Cupones para Alimentos y/o Asistencia en Efectivo a nombre suyo, también necesitaremos la firma de él/ella.

Si usted no puede venir a nuestra Centro, necesitaremos su firma (y la firma de su Representante Autorizado, si selecciona a uno) en este formulario para tramitar su CBIC.

Favor de seguir estas instrucciones cuidadosamente:

1. Escriba su nombre en letra de molde en la línea más abajo y firme su nombre en la casilla para su firma más abajo:

Escriba su nombre en **letra de molde** aquí: \_\_\_\_\_

**Firme  
Su  
Nombre  
Aquí** →

2. Si usted desea que un Representante Autorizado obtenga sus beneficios de Cupones para Alimentos y/o Asistencia en Efectivo, pídale a él o ella que escriba su nombre en letra de molde en la línea más abajo y que firme su nombre en la casilla más abajo.

Representante Autorizado escriba su nombre en **letra de molde** aquí: \_\_\_\_\_

**Representante  
Autorizado  
Firme  
Su  
Nombre  
Aquí** →

Favor de devolver este formulario llenado junto con su solicitud/recertificación en el adjunto sobre prepagado. Si su solicitud/recertificación es aceptada, se le enviará una CBIC por correo. Si usted ha designado a un Representante Autorizado para que obtenga sus beneficios de Cupones para Alimentos y/o Asistencia en Efectivo, además, se le enviará por correo una segunda CBIC. Si usted es elegible para Medicaid, sólo puede usar su tarjeta para obtener tales beneficios.

For office use only.

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_