



FAMILY INDEPENDENCE ADMINISTRATION



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POLICY BULLETIN #10-51-OPE

REVISIONS TO FORMS EBT-53 AND EBT-56

Date: May 19, 2010	Subtopic(s): EBT 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 Job Center and Non Cash Assistance (NCA) Food Stamp (FS) Centers staff that the Pin Pad Password Request Electronic Benefits Transfer (EBT) Services form (EBT-53) and the Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services form (EBT-56) have been revised as follows:</p> <ul style="list-style-type: none"> In Section II under Worker Information, "Auto-time I.D. Number" was replaced with "Employee Identification Number (EIN)." <p>Job Center Directors and NCA FS Center Managers must ensure that all previous versions of the EBT-53 and EBT-56 are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p>Related Items:</p> <p>PB #07-141-SYS PB #08-80-OPE</p> <p>Attachments:</p> <p>EBT-53 Pin Pad Password Request Electronic Benefits Transfer (EBT) Services (Rev. 5/19/10)</p> <p>EBT-56 Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services (Rev. 5/19/10)</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 Fax* or fax to: (917) 639-0298

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:	_____	

SAMPLE

SECTION II: Worker Information	
First Name: _____	Last Name: _____
C.S. Title: _____	
Functional Title: _____	
Employee Identification Number (EIN): _____	Telephone Number: _____

Worker Signature: _____

Date: _____

Director Signature: _____

Date: _____

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

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: _____	
Employee Identification Number (EIN) _____	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