



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #14-25-SYS

(This Policy Directive replaces PD #99-24R(3), PD #01-43-SYS, PD #07-27-OPE, PB #08-80-OPE, PB #10-30-OPE)

ELECTRONIC BENEFIT TRANSFER (EBT) SYSTEM

Date: October 14, 2014	Subtopic(s): EBT
AUDIENCE	The instructions in this policy directive are for staff in Job Centers and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Centers and informational for all other staff.
REVISIONS TO ORIGINAL POLICY DIRECTIVE	<p>The policy directive is being revised to:</p> <ul style="list-style-type: none">• Update and combine PD #99-24R(3), PD #01-43-SYS, PD #07-27-OPE, PB #08-80-OPE, and PB #10-30-OPE.• Introduce the new EBT Account Additional Password Permission (EBT-64A) Form to allow for an additional password.• Add a section on an Additional Security Password.
POLICY	An applicant/participant is issued a Common Benefit Identification Card (CBIC) to access his/her Cash Assistance (CA), Medical Assistance (MA) and Supplemental Nutrition Assistance Program (SNAP) benefits. Through the Electronic Benefit Transfer (EBT) system, participants can access his/her CA and SNAP benefits by using his/her confidential Personal Identification Number (PIN) with the CBIC.

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

BACKGROUND

The EBT System allows SNAP participants to access his/her benefits at food retailers authorized by the United States Department of Agriculture (USDA) to participate in SNAP through the use of a debit card system. Additionally, participants access his/her benefits at participating ATM's, food retailers and other Point of Sale (POS) locations. CA and SNAP participants access his/her benefits using a CBIC and a four digit PIN. Both CBIC and EBT are systems operated and maintained by New York State (NYS) Office of Temporary and Disability Assistance (OTDA) in conjunction with their contractors 3M Cogent, Inc. for CBIC and Xerox State & Local Solutions, Inc. (Xerox) for EBT.

Access to EBT Benefits

Revised

There is a "Quest" logo displayed at participating EBT outlets. This logo is also on the back of the CBIC card.

- Participants may get cash at any ATM where a "Quest" logo is displayed.
- Participants may buy food at any store where a "Quest" logo and/or SNAP decal is displayed.
- Participants may purchase food and access benefits at any store where a "Quest" logo and/or a SNAP decal are displayed. CBIC use is prohibited at certain types of businesses as indicated on the USDA FNA website, <http://www.fns.usda.gov/>
- Participants can withdraw their regular semi-monthly cash benefit from an ATM and get cash back above the cost of their purchases at participating stores (within their allowable cash grant). Some stores allow cash withdrawals without a purchase.
- Participants have the option of withdrawing a portion of the money and leaving a balance.
- Participants do not sign vouchers for the receipt of benefits.

Revised

All banks give a receipt with each transaction and some receipts will show the balance left in the account. Participants should check the receipt to make sure that the amount on the receipt is the same as the amount that they received. If an ATM does not dispense the correct amount of money, the participant should telephone the EBT Customer Service Representative at **(1-888) 328-6399** as soon as possible. Benefits will not be replaced until a bank investigation has been completed which can take up to two weeks. The bank will investigate the complaint and initiate an adjustment to the participant's EBT account, if appropriate.

Revised

ATMs

Transaction fees are charged by certain financial institutions as well as ATMs against the CA participant's benefits. Participants using a non-charging ATM will not be charged for the first two transactions per month. Beginning with the third cash withdrawal at an ATM, a fee of \$ 0.45 will be deducted from the participant's CA balance.

Some ATM owners impose non negotiable surcharges for the use of the ATM. Surcharges, like transaction fees are automatically deducted from a participant's CA balance. To avoid transaction fees, participants should be encouraged to ask his/her retailer if they allow cash back above the cost of their purchase.

There is no limit on the number of times a participant can use his/her card for a SNAP transaction.

Revised

Point of Sales

Point of Sales transactions are different from ATM transactions since it involves transactions between the participant and food retailers and not ATM withdrawals. Retailers with the Quest logo and /or SNAP decal indicate that the store may:

- Allow the CA participant to receive cash back above the cost of the purchase up to the CA participant's remaining balance.
- Allow the CA participant to withdraw CA benefits without purchase.

Benefit Life Cycle

Revised

Cash Assistance Benefit

Participants' cash benefits are available as long as there is activity on the account. If there is no account activity for 90 days, the benefits are expunged, but must be reissued upon request.

Regardless of account activity, benefits must be exhausted within 180 days or the remaining cash benefit is automatically expunged from the account and returned to HRA.

SNAP Benefits

Participants' SNAP benefits are available as long as there is activity on the account. If there is no activity on the account for 365 days, the remaining SNAP benefit will be expunged from the account and returned to HRA. **SNAP Benefits that have been expunged cannot be reissued.**

EBT Customer Service

Participants may call the toll free EBT Customer Service number (**1-888-328-6399**) from any phone except a pay phone 24 hours a day, seven days a week, for information regarding:

- SNAP or CA account balances
- A lost or stolen CBIC card (how to report/replace)
- A problem with the CBIC card or PIN
- Changing PIN
- A message in the form of a reminder from the Worker to the participant, i.e., an upcoming recertification.

Refer to [PD #13-25-OPE](#) for details on replacement of lost/stolen benefits.

Participants should safeguard his/her CBIC and not disclose his/her PIN to anyone. If someone else has access to the participant's PIN and has his/her CBIC number or physical CBIC, that person can access the participant's CA and SNAP benefits. **If a participant's PIN is compromised, and a valid transaction occurs with that PIN, HRA cannot replace those lost or stolen benefits.**

PIN

There are five ways in which participants may change his/hers CBIC's PIN:

- Call the EBT Customer Service at (**888**) **328-6399** and select the PIN change option using the Automated Response Unit (ARU) (for this option, participants must provide their Social Security number [SSN] and mailing address Zip Code).
- Visit the Job/SNAP Center and change the PIN using the State-supplied VeriFone PIN selection device.
- Visit an Over-The Counter (OTC) Site listed on page 7.
- Log on to www.ebt.acs-inc.com/.
- Request a new PIN mailed to the participant's address of record. The JOS/Worker can request a new PIN to be mailed to the participant through the Center Director's designee.

PIN Selection/Change at HRA Locations

Revised

Participants that come into the Center requesting to change a PIN that was previously assigned must have his/her current CBIC card. If the participant has a photo on his/her CBIC, this is sufficient identification.

If the CBIC does not have a photo, refer the participant to the Finger Imaging unit using the Information and Referral Notice (**W-113E**) Form. The Staff must indicate on the form that the participant has been finger imaged and is being referred for identity verification to change a PIN. If finger imaging is not available, check the HRA One Viewer for the ID the participant has submitted at application.

Staff who have a need to obtain a participant's PIN must request it from the Job or SNAP Center administrative staff who are authorized to use the EPPIC AT System. Authorized administrative staff whose password is no longer active must obtain a new password by submitting the EBT Services Pin Pad Password Request (**EBT-53**) Form to EBT Services, 180 Water St. 19th Floor, NY, NY 10038.

PIN Restriction

A PIN Restriction helps a participant to protect their benefits from someone who has access to their personal information.

Each CIN represents a separate EBT account.

A PIN restriction eliminates the ability to change the PIN through the Automated Response Unit (ARU) or the Internet. Once the PIN restriction has been activated, it will block access to the ARU PIN change option for all existing and future cards issued to a Client Identification Number (CIN) that has been restricted. The PIN restriction will also extend to any authorized representative CBIC or vault cards issued to the household and linked to the affected CIN. The payee must change the PIN in person at the Job Center/SNAP Center or at one of the OTC Sites with the CBIC card.

When the payee asks to restrict the PIN at a Job Center/SNAP Center:

- The JOS/Worker completes an EBT Customer Service Automated Response Unit (ARU) Personal Identification Number (PIN) Restriction Permission (**EB- 64**) Form with the participant's signature and submits the completed form to the designated person in Disbursement and Collection (D&C) who handles EBT restriction.

- The designated person in D&C must process the request within one hour to ensure that the CBICs are flagged on EBT and prevent any theft of benefits. The designated person in D&C who handles EBT restrictions must follow the instructions on **Attachment A** for entering the PIN Restriction/Release in the EPPIC AT System.

New Information

Additional Security Password

Payees now have the option of placing an additional password on his/her EBT account. This additional password will be used by EBT customer service and the Client Portal to verify a cardholder's identity.

Note: An incorrect password entered three times will end the call or block access to the Client Portal.

When the payee asks to place an additional password on their EBT account at a Job Center/SNAP Center:

- The JOS/Worker completes the **EBT-64A** obtaining the participant signature and takes the form and the participant to the designated individual in D&C.
- The designated person in D&C must process the request immediately to ensure that the CBICs are flagged on EBT and prevent any unauthorized access to EBT account information. The designated individual in D&C who handles EBT restrictions must follow the instructions on **Attachment A** for entering the Additional Password addition/deletion in the EPPIC AT System.
- JOS/Workers must advise the payee of the ability to restrict the PIN change function or restrict access to all information via EBT Customer Service and the Client Portal.

Client Portal Information

Job Center and NCA SNAP Center staff are not permitted to access the Electronic Benefit Transfer (EBT) cardholder web site (www.ebt.acs-inc.com) to obtain applicant/participant EBT account information. Access to EBT account information requires the applicant's/participant's PIN, and under no circumstance should staff request this information from any applicant/participant.

Staff involvement with the EBT web site is limited only to provide the web address www.ebt.acs-inc.com to applicants/participants who request such information. Applicants/participants who require additional information or need help with EBT-related issues may call the number listed on the back of their EBT card, **888-328-6399**, for assistance.

EBT Related Questions

Staff should call one of the following numbers for any questions regarding EBT.

Brooklyn and Queens (718-722-4939)
Manhattan, Bronx, Staten Island (212-835-8442)

CBIC OTC Sites

The OTC Sites operate from 8:30AM-7:15PM Monday through Friday except holidays.

- Brooklyn OTC –
227 Schermerhorn Street - Ground Floor, Brooklyn 11201
- Manhattan OTC –
109 East 16 Street - Ground Floor, Manhattan 10003

The OTC sites provide the following services:

- Issue new CBICs to applicants;
- Issue replacement CBICs to active participants
- Process PIN selection/changes when necessary.
- Process PIN restrictions when requested by participant and
- Process Client Additional Password requests

Job Centers and SNAP Centers must continue to issue The Referral to the OTC Sites Form (**DSS-4113-2**) for authorized representatives and newly opened cases.

Note: Applicants/Authorized Representatives of record must come to the OTC Site with Form **DSS-4113-2** issued by the Job Center or NCA SNAP Center.

Refer to [PD #13-06-ELI](#)
EBT Same-Day Benefit
Issuance and the D&C
Manual.

Note: The Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (**W-607A**) Form must be used at Job Centers and NCA SNAP Centers prior to the issuance of the **DSS-4113-2** by D&C.

Applicants/participants who request a new or replacement CBIC can go to either the Brooklyn or Manhattan OTC site at their convenience; however, it is recommended the Job Centers and NCA SNAP Centers refer their applicants/participants from Brooklyn and Queens to the Brooklyn OTC site, and applicants/participants from Manhattan, Bronx, and Staten Island to the Manhattan OTC site.

Participants must be given an EBT brochure and a CBIC over-the-counter referral to pick up the CBIC at either OTC location.

CBIC's must only be issued to the payee since OTC sites can not issue a CBIC for another person. Anyone requesting a referral on behalf of a payee (relatives, friends, home attendants, etc.) must not be issued a CBIC referral.

A CBIC must be mailed to a payee who is unable to visit a Job or SNAP center for a referral to an OTC site to obtain a CBIC. This includes an applicant/participant who indicates that he/she is homebound, and/or has a disability which prevents him/her from going to an OTC site or submits a Reasonable Accommodation request due to a travel constraint.

For reopened or active cases needing a mailed CBIC, the JOS/Worker must complete Form **W-607A** and send it to D&C. D&C staff must input the request using Function **4** (Perm Card Only) from the WMS ID Card Menu (**WIDMNU**).

Note: CBIC by mail is the default WMS option for newly accepted cases.

If a SNAP applicant/participant wants another individual to be able to use his/her CBIC card, he/she must request an Authorized Representative CBIC from the JOS/Worker. The name of the authorized representative and the applicant/participant will appear on the CBIC which will be mailed to the applicant/participant. An Authorized Representative CBIC cannot access Medicaid benefits.

Replacement CBIC

When a participant requests a replacement CBIC at the Job/SNAP Center, staff should verify that the individual is the case head /payee and that the case is currently in Active (**AC**) status. Only if the individual is the case head and the case is active, should staff refer the individual to either OTC site. Staff should advise the participant that if he/she cannot arrive at the OTC site by 7:15 PM, that he/she should go on the following business day from 8:30 AM through 7:15 PM.

The Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Sites Form (**W-608H**) must be given to applicants/participants referred to the OTC sites, as it informs them of the OTC sites' addresses, travel directions, hours of operation, and the need to bring proper identification.

Replacement CBIC requests via EBT Customer Service telephone number.

Applicants/participants who contact the EBT Customer Service telephone number (**1-888-328-6399**) to report their CBIC *lost*, *stolen*, or *mutilated* will be offered a mailed replacement CBIC.

If the participant indicates that he/she would like to request a replacement CBIC by mail, the interactive Voice Response (IVR) system will inform them:

- a replacement CBIC should be delivered within seven to ten days.
- to contact their Job or SNAP Center if the CBIC is not received within seven to ten days.
- the PIN will remain unchanged unless a PIN change was selected.
- the CBIC is mailed to the address of record, and
- PIN changes can be made by calling the number on the back of the CBIC or at their Job or SNAP Center.

If the participant indicates that he/she does not want a replacement CBIC by mail, EBT Customer Service will instruct them to contact their Job or SNAP Center to obtain a new CBIC.

EBT Uncashable Benefits

EBT benefits can only be accessed by the applicant/participant when he/she has a CBIC linked to a case number activated as an EBT account.

When benefits cannot be redeemed due to an account-related problem, the unredeemed benefits appear on the **WMS Benefit Issuance** screen but not in the EPPIC AT system. If these benefits remain unavailable to the participant for over 30 days, they will be deleted from the EBT system and appear on the **WMS Benefit History** screen as cancelled.

One of the most common reasons a participant is unable to access CA and SNAP benefits through EBT is because a payee has not been linked to a CBIC. Often, this results from a WMS opening/reopening transaction error. For Same Day Benefit Issuance errors, the typical reason is that the CBIC's CIN is not linked with the case number for which benefits have been issued.

Special Cases

Homebound SNAP participants who have an authorized representative will receive two non-photo CBIC cards. One card is for the participant's SNAP benefits and Medicaid. The second card is for the authorized representative who will only have access to the participant's benefits.

- To request a non-photo ID card for a homebound participant, prepare a **Referral For Photo/Signature (W-607Q)** and have the participant sign an **ID Card Signature Authorization (W-608V)**. A non-photo ID card that can be used by the authorized representative to pick up the participant's benefits will be mailed to the homebound participant.

Authorized Representative

An authorized representative CBIC can be issued to a person not part of the household when the participant is a child or an incapacitated adult who is unable to access and use his/her own benefits. The CBIC provides the name of the participant and the authorized representative and would include the photo and signature of the authorized representative. A completed **W-607A** and a Referral for Photo/Signature (**W-607Q**) must be prepared. In all instances, the authorized representative must verify the participant's home address on WMS before issuing the card.

Payee

A payee is part of the household and does not require a separate card, but the CIN must be verified.

- Select Option **9** (Common Card Benefit Card) from the **WMS Main Menu** and then select Function **9** (Case PA/FS Payee Inquiry) from the **WMS ID Card Menu (WIDMNU)** to review the payee.
 - Go to Page 2 of the **Case PA/FS Payee Inquiry** screen and ensure that the applicant/participant has the correct EBT Payee CIN.

Note: Issuing a CBIC card does not change the payee. The JOS/Worker must initiate the change in WMS or POS.

Instructions for Restriction of EBT Customer Service Automated Response Unit PIN Selection

If an applicant/participant requests a restriction, the JOS/Worker should:

- advise the applicant/participant of the ability to restrict the PIN change function of his/her CBIC.
- advise payees of the advantages and disadvantages of restricting the PIN change function.
- advise the payee that once the PIN restriction is engaged, the only way the payee can change his/her PIN is to appear in person with CBIC at his/her Job/SNAP Center.
- if an applicant/participant wants to restrict the PIN change function for his/her CBIC, have him/her complete and sign the **EBT-64**.
- give the applicant/participant a signed and dated copy of the **EBT-64** as verification of requested PIN restriction.
- inform the applicant/participant that the restriction can be lifted at his/her discretion upon request and confirmation of identity and signing a new **EBT-64** to remove the PIN restriction, and
- give the payee an **W-113E** and refer him/her to D&C with the completed **EBT-64**. In Model Centers, issue the applicant/participant a D&C ticket along with the completed **EBT-64**.

At D&C, the designated D&C staff person will:

D&C will be advised of the designated person's contact information

- verify that the payee has the most current CBIC card.
- verify the payee's identity, and
- contact the designated staff handling EBT restrictions to assist at D&C.

The designated staff handling EBT restrictions will immediately:

- obtain the signed **EBT-64**.
- enter the restriction in the EBT Admin System (see **Attachment A**).
- sign the **EBT-64**, confirming data entry of the PIN restriction, and
- ensure the **EBT-64** is scanned and indexed into the participant's electronic case record.

New Information

Instructions for an Additional Security Password

The designated staff handling EBT restrictions should:

- advise the applicant/participant of the ability to add an additional password for added protection of his/her EBT account.
- advise payees of the advantages and disadvantages of an additional security password.
- if an applicant/participant wants to add an additional password for his/her CBIC, have him/her complete and sign the **EBT-64A**.
- give the applicant/participant a signed and dated copy of the **EBT-64A** as verification of requested additional password.
- inform the applicant/participant that the additional password can be changed upon request and confirmation of identity and after a new **EBT-64A** is signed and submitted, and
- give the payee an Information and Referral Notice (**W-113E**) and refer him/her to D&C with the **EBT-64A**. In Model Centers, issue the applicant/participant a D&C ticket along with the completed **EBT-64A**.

At D&C, the designated D&C staff will:

- verify that the payee has the most current CBIC card.
- verify the payee's identity, and
- contact the designated staff who handling EBT restrictions and adding additional passwords to assist at D&C.

The designated staff handling EBT restrictions and adding additional passwords, will immediately:

- obtain the signed **EBT-64A**.
- explain to the applicant/participant that they must enter the additional password which cannot exceed 12 characters and is case sensitive.
- sign the **EBT-64A**, confirming the entry of the additional password, and
- ensure the **EBT-64A** is scanned and indexed into the participant's electronic case record.

Revised

EBT and Single Issuance via EBT-23

- EBT benefits should never be linked to other single issuances such as carfare. In instances where a single issuance, for the current cycle, must be authorized staff must use Pick Up Code (PUC) **9** (EBT Emergency PA Single Issue Special Grant) for a next day authorization. Whenever a single issuance is authorized a Notice of Special Cash Assistance and/or Supplemental Nutrition Assistance Program Benefit (**EBT-23**) is sent to the participant to explain the reason it is being issued.
- In instances where the participant did not receive an **EBT-23** and requests an explanation for the additional benefit received through EBT, Staff should check the EBT system to verify why the additional amount was issued. Keep in mind that the individual may be engaged in a work activity and that the additional amount may be for carfare payments.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

SNAP Implications

Use of Xerox State and Local Solutions, Inc. to manage the EBT System

Medicaid Implications

The CBIC card is also the Medicaid card.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants and participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #14-18-OPE](#) and [PD #14-24-OPE](#).

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

[Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences at Job
Centers

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Conferences at
SNAP Centers

If an applicant/participant comes to the NCA SNAP Center and requests a conference, the Receptionist must alert the Center Director's designee that the applicant/participant is to be seen. If the applicant/participant contacts the Eligibility Specialist directly, advise the applicant/participant to call the Center Manager's designee.

In Model Offices, the Receptionist at Main Reception will issue a SNAP Conf/Appt/Problem ticket to the applicant/participant to route him/her to the NCA SNAP Reception area and does not need to verbally alert the Center Director. The NCA SNAP Receptionist will alert the Center Director once the applicant/participant is called to the NCA SNAP Reception desk.


The designee will listen to and evaluate the applicant/participant's complaint regarding the SNAP case. The Center Director's designee is responsible for ensuring that further appeal by the applicant/participant through a Fair Hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets For Fair Hearing purposes, all evidence packets must include complete and relevant documentation

REFERENCES [06-ADM-14](#)

RELATED ITEMS [Disbursement and Collection \(D&C\) Manual](#)
[PD #07-27-OPE](#)
[PD #13-06-ELI](#)
[PD #13-25-OPE](#)
[PB #14-101-OPE](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Entering the PIN Restriction/Release in the EBT Admin System
- EBT-23** Notice of Special Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) Benefit (Rev. 8/17/12)
- EBT-53** EBT Services Pin Pad Password Request (Rev. 5/30/13)
- EBT-56** Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services (Rev. 5/30/13)
- EBT-64** EBT Customer Service Automated Response Unit (ARU) Personal Identification Number (PIN) Restriction Permission Form (Rev. 5/21/10)
- EBT-64(S)** EBT Customer Service Automated Response Unit (ARU) Personal Identification Number (PIN) Restriction Permission Form (Rev. 5/21/10) (Spanish)
- EBT-64A** EBT Account Additional Password Permission Form
- EBT-64A (S)** EBT Account Additional Password Permission Form (Spanish)
- W-519** Photo Identification for Supplemental Nutrition Assistance Program (SNAP) Finger Imaging for cash Assistance Notice (4/1/13)

W-607A	Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (Rev. 7/23/12)
W-607Q	Referral for Photo/Signature (Rev. 10/14/14)
W-608H	Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Sites (Rev. 5/24/13)
W-608H (S)	Travel Directions to the Manhattan/Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Sites (Rev. 5/24/13) (Spanish)
W-608V	Common Benefit Identification Card (CBIC) Signature Authorization Form (Rev. 8/23/12)
W-608V(S)	Common Benefit Identification Card (CBIC) Signature Authorization Form (Rev. 8/23/12) (Spanish)

Attachment A

Entering the PIN Restriction/ Additional Password in the EPPIC AT System

- Enter User ID and Password on the EPPIC AT System and click **LOGIN**.

DATE PRINTED
NEW YORK STATE
BENEFIT
IDENTIFICATION CARD

ID NUMBER CARD NUMBER

SEX DOB

LAST NAME
FIRST NAME

Signature

ACCESS NUMBER

USER ID

PASSWORD

LOGIN

Forgot Password ?

- After clicking LOGIN the EPPIC Main Menu appears.

EPPIC™

User Info

Name: [REDACTED]

Login: 06/17/2014 15:39:50

Act.: 06/17/2014 15:39:50

Client Account

Financial Accounting

Reconciliation

Reports

Control Number Search

Voucher Management

AT User Management

Retailer Management

RTC Management

PinSelect Management

Interoperability

Portal Messages

User Profile

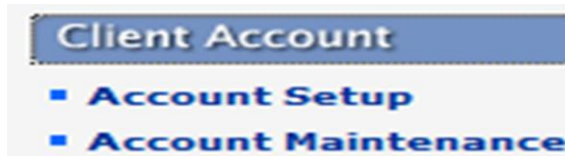
Password Change

Log out

Client Account

- Click on **Client Account** and the **Client Account Sub Menu** appears.

Attachment A



- Click on **Account Maintenance** and the **Client Search** screen appears.

The screenshot shows the EPPIC Client Search interface. On the left, there is a "User Info" section with fields for Name, Login, and Act. Below this is a "Client Account" menu with "Account Maintenance" circled in red. The main area is titled "Client Search" and contains a "Select search method" section with radio buttons for CIN/App Reg #, Case Key, Card Number, Last and First Name, SSN, and Authorization Number. A search input field and "SEARCH" and "RESET" buttons are also visible.

- Enter Search Criteria to access the clients information to restrict the PIN and/or add an additional Security Password.
- Click **Search** and the **Client Search Results** screen appears.

The screenshot shows the "Client Search Results" screen with a table of clients found. The "Name" column is circled in red. A callout box points to the "CASES" button in the first row.

Type	Case Key	CIN/App Reg #	Name ▼	SSN	Address	City	ST		M
AUTHORIZED REPRESENTATIVE	40F9694	100000200D	TEST, TOM	*****1023	RIATA 12345	NEW YORK CITY	NY	CASES	
PRIMARY	40F9694	100000200D	TESTLAST, TESTFIRST	*****1023	RIATA 12345	NEW YORK CITY	NY	CASES	

- Click the **CASES** button to select the proper participant and the **Client Case Management** screen appears.

Attachment A

Client Case Management

Accounts

CIN/App Reg #	Program	Status	Last Access	Total Bal	Avail Bal		
100000200D	FS	ACTIVE	05/03/2014	\$139.00	\$0.00	CLOSE	DETAILS
100000200D	CASH	ACTIVE		\$0.00	\$0.00	CLOSE	DETAILS

Total Balance

SNAP Balance	\$139.00	Cash Balance	\$0.00
SNAP Available	\$0.00	Cash Available	\$0.00

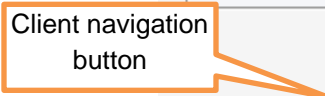
Clients

Type	Name	Card Number	Program		
PRIMARY	TESTLAST, TESTFIRST	6004862123456789100	FS , CASH	DETAILS	CARD
Authorized Representative	TEST, TOM	60048610000000000000	FS , CASH	DETAILS	CARD

Cases

CIN/App Reg #	Case Key	Status
100000200D	40F9694	UNLINKED

Client navigation
button



SEARCH CLIENT CASES CARDS TRANSACTION MESSAGES VAULT CARD

- Click the **CLIENT** navigation button and the **Client Information Management** screen appears.

Attachment A

Client Information Management

Client Information

First	<input type="text" value="TESTFIRST"/>	MI	<input type="text"/>	
Last	<input type="text" value="TESTLAST"/>			
Address1	<input type="text" value="RIATA 12345"/>			
Address2	<input type="text" value="101 JOHN"/>			
City	<input type="text" value="NEW YORK CITY"/>	County Code	<input type="text" value="40"/>	
State	<input type="text" value="NY"/>	ZIP	<input type="text" value="12201"/> - <input type="text"/>	
SSN	<input type="text" value="****1023"/>	DOB	<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="1980"/> (Month/Date/Year)	
Phone	<input type="text" value="5121234567"/>			
Alternate Phone	<input type="text" value="5121234567"/>			

Additional Security Password

Status DISABLED Password:

Pin Restriction

Status DISABLED Pin Restriction :

The participant's information appears on the **Client Information Management** screen above.

- To add an additional Security Password, enter the Password in the **Password** field, click **SAVE** and then **ENABLE**.
 - The **EBT-64A** must be signed by the designated person who handles EBT restrictions, confirming data entry of PIN restriction.
 - The **EBT-64A** must be scanned and indexed into payee's case record or sent for Day Forward imaging at NCA SNAP locations that do not have scanners.
- To restrict the client's PIN, click on **ENABLE** in the PIN Restriction field.
 - The **EBT-64** must be signed by the designated person who handles EBT restrictions, confirming data entry of PIN restriction.
 - The **EBT-64** must be scanned and indexed into payee's case record or sent for Day Forward imaging at NCA SNAP locations that do not have scanners.

Date: _____
Case Number: _____
Case Name: _____
Category: _____
Suffix: _____
Center Number: _____
Center Telephone Number: _____

Notice of Special Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) Benefit

Note: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

This is to advise you that we are authorizing a special Cash Assistance benefit(s) in the amount of:

\$ _____ from: _____ to: _____ for the following reasons:

\$ _____ from: _____ to: _____ for the following reasons:

These grant(s) will be available for you on or after _____. If they are not available at that time, please inquire at your Job Center only.

This is to advise you that we are authorizing a special SNAP Benefit in the amount of:

\$ _____ from: _____ to: _____ for the following reasons:

\$ _____ from: _____ to: _____ for the following reasons:

These grant(s) will be available for you on or after _____. If they are not available at that time, please inquire at your Job Center or SNAP Center only.

You will need a CBIC photo ID card to pick up this benefit. If you do not have a CBIC photo ID card, call the center number indicated above for more information on how to obtain one. To find out if your benefits are available before attempting to redeem them, please call the Electronic Benefit Transfer (EBT) hotline at (888) 328-6399.

Authorized by

Date

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Categoría: _____
Sufijo: _____
Número del Centro: _____
Núm. de Teléfono del Centro: _____

Aviso de Beneficio Especial de Asistencia en Efectivo y/o del Programa de Asistencia de Nutrición Suplementaria (SNAP)

Nota: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Por la presente le informamos que hemos autorizado un(os) beneficio(s) especial(es) de Asistencia en Efectivo por la cantidad de:

\$ _____ de: _____ a: _____ por las siguientes razones:

\$ _____ de: _____ a: _____ por las siguientes razones:

Esta(s) concesión(es) estará(n) disponible(s) el _____ o después. Si no está(n) disponible(s) en las fechas indicadas, favor de llamar y preguntar a su Centro de Trabajo solamente.

Por la presente le informamos que hemos autorizado un(os) beneficio(s) especial(es) del SNAP por la cantidad de:

\$ _____ de: _____ a: _____ por las siguientes razones:

\$ _____ de: _____ a: _____ por las siguientes razones:

Esta(s) concesión(es) estará(n) disponible(s) para usted el _____ o después. Si no está(n) disponible(s) en las fechas indicadas, favor de llamar y preguntar a su Centro de Trabajo o Centro del SNAP solamente.

Usted necesitará una tarjeta de identificación con foto de CBIC para recoger este beneficio. Si no tiene una, llame al número del centro indicado más arriba para más información sobre cómo obtenerla. Para averiguar si sus beneficios están disponibles antes de cobrarlo, favor de llamar a la Electronic Benefit Transfer (EBT) hotline at (888) 328-6399.

Autorizado por

Fecha

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: _____	
Employee Identification Number (EIN): _____	Telephone Number: _____

Inappropriate access to or use of an EBT Administrative Terminal and/or computer application may result in the Agency initiating disciplinary and/or criminal action against the responsible party. I understand the password or other access devices are my responsibility to safeguard.

Worker Signature: _____

Date: _____

Director Signature: _____

Date: _____

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



Date: _____
Case Number: _____
Case Name: _____
CIN: _____

SAMPLE

**EBT Customer Service Automated Response Unit (ARU)
Personal Identification Number (PIN) Restriction Permission Form**

Payee's Name _____

As the payee for the case indicated above, I am requesting that the Agency

- Restrict
- Unrestrict

access to the EBT Customer Service ARU PIN selection function for all of my applicable Client Benefit Identification Cards (CBICs).

Payee's Signature

Date

Worker's Signature

Date

To Be Completed by Designated Person	
EBT Restriction Action <input type="checkbox"/> Yes <input type="checkbox"/> No	EBT Restriction Lifted <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature	
_____ Date	



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

CIN: _____

SAMPLE

**Formulario de Permiso de Restricción del Número de Identificación Personal
Unidad de Reacción Automatizada de Atención al Cliente de EBT**

Nombre del Beneficiario _____

Como beneficiario del caso indicado más arriba, solicito que la Agencia

Restrinja

Levante la restricción del

acceso a la función de selección del Número de Identificación Personal (Personal Identification Number – PIN) de la Unidad de Reacción Automatizada (Automated Response Unit – ARU) de Atención al Cliente de EBT para todas mis Tarjetas de Identificación de Beneficios del Cliente (Client Benefit Identification Cards – CBICs) que correspondan.

Firma del Beneficiario

Fecha

Firma del Trabajador

Fecha

To Be Completed by Designated Person

EBT Restriction Action Yes No

EBT Restriction Lifted Yes No

Signature

Date

Date: _____
Case Number: _____
Case Name: _____
CIN: _____

EBT Account Additional Password Permission Form

Payee's Name _____

As the payee for the case indicated above, I am requesting that the Agency:

- Add Additional Password Access to
- Remove Additional Password Access from

EBT Customer Service and the client portal for all of my applicable Client Benefit Identification Cards (CBICs).

Payee's Signature

Date

Worker's Signature

Date

To Be Completed by Designated Staff	
Add Password <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove Password <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature	_____ Date

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

CIN: _____

Formulario de Permiso para Contraseña Adicional de la Cuenta EBT

Nombre del Beneficiario _____

Como el beneficiario para el caso indicado más arriba, estoy solicitando que la Agencia:

Añada acceso de una contraseña adicional a

Retire acceso de una contraseña adicional de

Servicio al Cliente de EBT y el portal de clientes para todas mis Tarjetas de Identificación de Beneficios al Cliente (CBICs).

Firma del Beneficiario

Fecha

Firma del Trabajador

Fecha

To Be Completed by Designated Staff	
Add Password <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove Password <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature	
_____ Date	

Date: _____

Case Number: _____

Applicant/Participant Name: _____

Center: _____

Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice

Supplemental Nutrition Assistance Program (SNAP)

If you are applying for or are in receipt of SNAP benefits and are in need of a photo identification card, you will be sent to the Automated Finger Imaging System (AFIS) operator for a photograph only. The photograph will appear on your Common Benefit Identification Card (CBIC). This is the card you use to redeem your benefits.

Cash Assistance Program

If you are applying for or receiving regular or emergency Cash Assistance and you are an adult (18 years of age or older) or you are the head of household, you must enroll in the AFIS to be finger imaged. This information will be compared with other active computer files in order to assist in determining your household's eligibility for assistance and to prevent duplicate participation. If you are an adult applying for/receiving Medicaid benefits and your Medical Assistance Identification card must contain a photo image, you are required to enroll in AFIS in order to have your photograph taken only. Family Health Plus and Family Planning Benefit applicants/participants are exempt from all AFIS requirements. Please bring identification with you to the Finger Imaging Unit.

AFIS will capture your finger images and take your photograph quickly and easily. These images and photographs will be stored and matched against those of other applicants/participants. At the same time that we finger image you, we will record your signature electronically so that we can issue you a Common Benefit Identification Card (CBIC). You will need this card to redeem your benefits.

The following individuals are exempt from finger imaging:

- Supplemental Nutrition Assistance Program Applicants/Participants
- Individuals who are not applying for or receiving Cash Assistance and who are not legally responsible for any other household member who is applying for or receiving Cash Assistance.
- Individuals physically unable to comply with this requirement because of an injury or disability. However, if the condition is temporary, an appointment to return for finger imaging must be made.
- Applicants/Participants under 18 years of age unless they are the head of household.
- SSI recipients who are applying for a one-shot deal Emergency Assistance to Adults (EAA) grant (only if all members of the household are in receipt of SSI).
- Congregate Care Facility residents.
- Homebound applicants/participants.

Failure to comply with the finger imaging requirement will result in a Cash Assistance case denial/closing. Failure to comply with finger imaging will not affect your eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits.

Cash Assistance Only

- I am exempt from finger imaging because I meet one of the exemption criteria mentioned on **page 1**.
- I do **not** agree to be finger imaged. I am applying/seeking recertification for Cash Assistance and realize that, by not agreeing to be finger imaged, I will become ineligible and my case will be rejected or closed as appropriate.

Applicant's/Participant's Signature _____

Date _____

Report to Finger Imaging Unit, _____ Floor Appointment Date: _____ Time: _____ AM PM

Applicant/Participant Name: _____ Social Security Number: _____

Registry Number/Case Number: _____ DOB: _____ CIN: _____

Sex: Male Female

SAMPLE

Instructions to the AFIS Operator

Finger Imaging Referral Applicant Participant **Case Type:** _____

Job Center Number: _____

Worker's Name: _____ Worker's Telephone Number: _____

Finger Image, Photograph, and Signature

Applicant/Participant imaged under CIN _____ please transfer to CIN _____
To transfer an AFIS image from one CIN to another, you must contact the HRA AFIS Helpdesk and provide them with the CIN the applicant/participant is imaged under and the CIN the image should be transferred to. (Complete a Finger-Imaging Routing Slip [W-519C] and place it in the designated basket to be returned to the Worker.)

Photograph and Signature Only (Payee Only CA Applicants/Participants)

Identification Only (Please verify identity)

Photo Identification - SNAP and Medicaid only

Photograph and Signature Only for Medicaid or SNAP Applicants/Participants

Fecha: _____

Número del Caso: _____

Nombre del Solicitante/Participante: _____

Centro: _____

Aviso de Identificación con Foto para el Programa de Asistencia de Nutrición Suplementaria (SNAP) / Impresiones Digitales para Asistencia en Efectivo

Programa de Asistencia de Nutrición Suplementaria (SNAP)

Si usted está presentando solicitud o recibe beneficios de SNAP y necesita una tarjeta de identificación con fotografía, se le enviará al encargado de Sistema Automatizado de Impresión Digital (Automated Finger Imaging System – AFIS) sólo para una fotografía. La foto aparecerá en su Tarjeta de Identificación de Beneficios Comunes (CBIC). Esa es la tarjeta que usted debe usar para cobrar sus beneficios.

Programa de Asistencia en Efectivo

Si usted está solicitando o recibiendo los beneficios normales o de emergencia de Asistencia en Efectivo, y si es un adulto (de 18 años de edad o más) o jefe del hogar, debe inscribirse en el AFIS para que le tomen las impresiones digitales. Esta información será comparada con otros expedientes computarizados activos para poder determinar si su hogar es elegible para asistencia y también para evitar la participación duplicada. Si usted es un adulto que está solicitando o recibiendo los beneficios del Medicaid y su tarjeta de Identificación de Asistencia del Medicaid debe tener una fotografía, se requiere que usted se inscriba en el AFIS para que solamente le tomen su fotografía. Los solicitantes/participantes de Family Health Plus y Family Planning Benefit están exentos de todos los requisitos de AFIS. Por favor traiga con usted una prueba de identificación a la Unidad de Impresiones Digitales (Finger Imaging Unit).

El Sistema Automatizado de Impresión Digital captará sus impresiones digitales y le tomará su foto de forma rápida y fácil. Estas impresiones digitales y fotografías serán archivadas y comparadas con las de otros solicitantes/participantes. Al tomar sus impresiones digitales, registraremos electrónicamente su firma de manera que podamos asignarle una Tarjeta de Identificación de Beneficios en Común (Common Benefit Identification Card – CBIC). Usted necesitará esta tarjeta para obtener sus beneficios.

Las siguientes personas están exentas de impresiones digitales:

- solicitantes/participantes de SNAP
- las personas quienes no estén solicitando o recibiendo Asistencia en Efectivo y quienes no sean legalmente responsables por cualquier otro miembro del hogar quien esté solicitando o recibiendo Asistencia en Efectivo.
- las personas quienes físicamente no puedan cumplir este requisito debido a una lesión o incapacidad. No obstante, si esta condición es temporaria, es preciso programar una cita de vuelta para la toma de imágenes digitales.
- los solicitantes/participantes menores de 18 años de edad, a menos que sean beneficiarios de sus propios casos o sufijos.
- las personas que reciben SSI y que están solicitando la negociación, de una vez, de una subvención del Hogar de Asistencia de Emergencia para Adultos (Emergency Assistance to Adults – EAA) (sólo si todos los miembros del hogar reciben SSI).
- los residentes de un Local de Cuidado Colectivo.
- los solicitantes/participantes confinados al hogar.

El incumplimiento del requisito de imágenes digitales resultará en el cierre o rechazo de su caso de Asistencia en Efectivo. El incumplimiento de las imágenes digitales no afectará su elegibilidad para el Programa de Asistencia de Nutrición Suplementaria (SNAP).

Sólo Asistencia en Efectivo

Estoy exento(a) de tomarme impresiones digitales, porque cumpla uno de los criterios de exención en la **página 1**.

No estoy de acuerdo con que se me tomen mis impresiones digitales. Estoy solicitando/buscando la recertificación de la Asistencia en Efectivo, y al no consentir a que se me tomen impresiones digitales, renuncio a mi elegibilidad y mi caso será rechazado o cerrado si se estima pertinente.

Firma del Solicitante/Participante _____

Fecha _____

Preséntese a la Unidad de Impresiones Digitales, _____ Piso Fecha de la Cita: _____

Hora: _____ AM PM

Nombre del Solicitante/Participante: _____ Número de Seguro Social: _____

Número de Registro/Número del Caso: _____ Fecha de Nacimiento: _____ CIN: _____

Sexo: Masculino Femenino

Instructions to the AFIS Operator

Finger Imaging Referral Applicant Participant **Case Type:** _____

Job Center Number: _____

Worker's Name: _____ Worker's Telephone Number: _____

Finger Image, Photograph, and Signature

Applicant/Participant imaged under CIN _____ please transfer to CIN _____
To transfer an AFIS image from one CIN to another, you must contact the HRA AFIS Helpdesk and provide them with the CIN the applicant/participant is imaged under and the CIN the image should be transferred to. (Complete a Finger-Imaging Routing Slip [W-519C] and place it in the designated basket to be returned to the Worker.)

Photograph and Signature Only (Payee Only CA Applicants/Participants)

Identification Only (Please verify identity)

Identificación con Foto – Sólo para SNAP y Medicaid

Fotografía y Firma Sólo para Solicitantes/Participantes de Medicaid o SNAP

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

NOTE: Beginning August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

Prepare in the following situations:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Replacement of CBIC or Medicaid card • Update CBIC | <ul style="list-style-type: none"> • Undomiciled applicant/participant • Issuance of Immediate Needs/ Expedited Supplemental Nutrition Assistance Program (SNAP) Grant | <ul style="list-style-type: none"> • 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 Office: _____ Caseload: _____						
Case Name: _____	Applicant/Participant's Signature: _____						
Authorized Representative (Payee) Name (print): _____	Authorized Representative (Payee) Signature: _____						
Finger Imaging/Photo/Signature Completed <input type="checkbox"/> Applicant/Participant CIN: _____	Applicant/Participant Case Type/Case No./Registry No./Suffix: _____						
Check Reason for Action: <input type="checkbox"/> 01 Lost card <input type="checkbox"/> 06 Surrendered <input type="checkbox"/> 02 Stolen <input type="checkbox"/> 09 First card/never received <input type="checkbox"/> 03 Defective <input type="checkbox"/> CBIC update (no CBIC referral required) <input type="checkbox"/> 04 Mutilated	Identification documents witnessed for applicant/participant or authorized representative; the same two pieces must be presented to the Disbursement and Collections (D&C) Unit.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Document</th> <th style="width: 50%;">ID Number</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	Document	ID Number				
Document	ID Number						

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

<input type="checkbox"/> Photo card? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Is the mailing address different than that on WMS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete below. <hr/> Care of Name <hr/> Street Apt. No. <hr/> City State Zip	<input type="checkbox"/> Is applicant receiving expedited SNAP benefits and/or an immediate needs grant? <input type="checkbox"/> No <input type="checkbox"/> Yes Is the payee correctly established? <input type="checkbox"/> No <input type="checkbox"/> Yes If No: <input type="checkbox"/> Delete current payee <hr/> CIN <input type="checkbox"/> Add new payee <hr/> CIN
<input type="checkbox"/> Mail Permanent Card and Temporary Medicaid Card (LDSS-4113-2) (CBIC menu function 1) <input type="checkbox"/> Over-the-Counter Permanent Card Request (LDSS-4113-2) (CBIC menu function 2)		

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

<input type="checkbox"/> Authorized Representative Card (CBIC menu function 3) Be sure to send authorized representative to the AFIS Unit for photo and signature only. Check one: <input type="checkbox"/> Agency pickup (at OTC Site) <input type="checkbox"/> Mail			
Authorized Representative: _____			
First Name		M.I. Last Name	
<input type="checkbox"/> Temporary Medicaid Authorization (LDSS-2831-A) Complete Section IV.			
JOS/Worker's Signature		Supervisor's Signature	
Date		Date	

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

<input type="checkbox"/> Temporary card (Vault) referral issued <input type="checkbox"/> Permanent card mail request processed (to be decided by D&C or SNAP Reception)			
Applicant/Participant's Signature		Authorized Representative (Payee) Signature	
Date		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	
	Street			
Address	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."
↓	↓	↓
Case Number	Category	Enter insurance code if available. If not available leave blank.
		↓ ↓

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

D&C:
 If temporary Medicaid card (**LDSS-2831A**) is issued, please also give the Applicant/Participant _____
 Form _____.

REFERRAL FOR PHOTO/SIGNATURE

Participant's Name: _____
Last First

Sex: _____ Date of Birth: _____ CIN: _____

SAMPLE

Referral of (check one box only):

- Participant
- Alternate Payee (Authorized Representative)

Name: _____
Last First

- ID Card Signature Authorization (Form **W-608V**) attached for scanning of signature(s).

Authorized by

Date

Travel Directions to the Manhattan/Brooklyn Over-The-Counter (OTC) Sites

You will need a CBIC in order to get your Cash Assistance and/or Supplemental Nutrition Assistance Program benefits. Newly accepted cases and Authorized Representatives **will not get a CBIC unless the Referral to the OTC Site Form (DSS-4113-2)** is provided. Form **DSS-4113-2** is stapled to the bottom portion of this page. Bring your referral to either the Manhattan or Brooklyn OTC site listed below. **For a replacement CBIC, bring valid identification to either site below.**

Both OTC sites are open Monday through Friday, except on holidays.

Manhattan OTC Site	Brooklyn OTC Site
<p>109 East 16th Street Ground Floor (between Union Square East and Irving Place) New York, NY 10003</p> <p>Open: 8:30 AM to 7:15 PM</p> <p>Travel Directions</p> <p><u>By Bus:</u></p> <p>M1, M2, M3, M5 to 5th Avenue and West 17th Street M14A/D to 4th Avenue and West 14th Street M101, M102, M103 to 3rd Avenue and East 14th Street</p> <p><u>By Train:</u></p> <p>N, Q, R, L, 4, 5, 6, to 14th Street-Union Square</p>	<p>227 Schermerhorn Street Ground Floor (between Bond Street and Hoyt Street) Brooklyn, NY 11201</p> <p>Open: 8:30 AM to 7:15 PM</p> <p>Travel Directions</p> <p><u>By Bus:</u></p> <p>B25, B26, B38, B52 to Fulton and Bond Street B62, B57 to Smith and Livingston Street B41, B45 to Livingston and Bond Street</p> <p><u>By Train:</u></p> <p>2, 3 to Hoyt Street 4, 5 to Nevins Street A, C, G to Hoyt-Schermerhorn Street R, F to Jay Street-Metrotech Q to DeKalb Avenue</p>

Because space is limited, please do not bring anyone else with you.

FORM DSS-4113-2

STAPLE FORM DSS-4113-2 HERE

Indicaciones de Viaje a los Locales de Expedición Inmediata (Over-The-Counter [OTC] de Manhattan/Brooklyn)

Usted necesitará una CBIC para poder obtener sus beneficios de Asistencia en Efectivo y/o del Programa de Asistencia de Nutrición Suplementaria (SNAP). Los casos nuevamente aceptados y los Representantes Autorizados **no obtendrán una CBIC a menos que se provea el Formulario de Envío al Local de OTC (DSS-4113-2)**. El Formulario **DSS-4113-2** se encuentra grapado a la parte inferior de la presente página. **Traiga su envío al local de OTC de Manhattan o de Brooklyn listado más abajo.**

Ambos locales de OTC están abiertos de lunes a viernes, salvo los días feriados.

Local de OTC de Manhattan	Local de OTC de Brooklyn
<p>109 East 16th Street Planta Baja (entre Union Square East y Irving Place) New York, NY 10003</p> <p>Abierto: 8:30 AM a 7:15 PM</p> <p>Indicaciones de Viaje</p> <p><u>Por Autobús:</u></p> <p>M1, M2, M3, M5 a 5th Avenue y West 17th Street M14A/D a 4th Avenue y West 14th Street M101, M102, M103 a 3rd Avenue y East 14th Street</p> <p><u>Por Metro:</u></p> <p>N, Q, R, L, 4, 5, 6, a 14th Street-Union Square</p>	<p>227 Schermerhorn Street Planta Baja (entre Bond Street y Hoyt Street) Brooklyn, NY 11201</p> <p>Abierto: 8:30 AM a 7:15 PM</p> <p>Indicaciones de Viaje</p> <p><u>Por Autobús:</u></p> <p>B25, B26 B38, B52 a las calles Bond y Duffield B62, B57, a las calles Smith y Livingston B41, B45 a las calles Livingston y Bond</p> <p><u>Por Metro:</u></p> <p>2, 3 a Hoyt Street 4, 5 a Nevins Street A, C, G a Hoyt-Schermerhorn Street R, F a Jay Street-Metrotech Q a DeKalb Avenue</p>

Por ser el espacio limitado, favor de no traer a nadie más con usted.

FORMULARIO DSS-4113-2

STAPLE FORM DSS-4113-2 HERE

Date: _____
Case Number: _____
Case Name: _____
Job Center/
NCA SNAP Center: _____
Telephone Number: _____

Common Benefit Identification Card (CBIC) Signature Authorization Form

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In order to access your SNAP 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 SNAP 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

2. If you choose to have an Authorized Representative access your SNAP 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 SNAP 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 SNAP: _____
Número de Teléfono: _____

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

NOTA: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Para poder obtener sus beneficios de SNAP 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 SNAP 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 →

SAMPLE

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2. Si usted desea que un Representante Autorizado obtenga sus beneficios de SNAP 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 →

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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 SNAP 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: _____