



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Adam Waitzman, Assistant Deputy Commissioner

Office of Procedures

POLICY DIRECTIVE #20-03-SYS

(This Policy Directive Replaces PD #16-19-SYS and Obsoletes PB #98-27 and PB #01-61-ELI)

ELECTRONIC BENEFIT TRANSFER (EBT) SYSTEM

Date: March 18, 2020	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	The policy directive is being revised to inform staff that effective April 10, 2020, two current Common Benefit Identification Card (CBIC) Over the Counter (OTC) sites will be consolidating into one site. The Manhattan CBIC OTC site located at 109 East 16th Street, New York, NY 10003, Ground Floor will no longer operate. The Brooklyn CBIC OTC site located at 227 Schermerhorn Street, Brooklyn, NY 11201, Ground Floor will be the only CBIC OTC site available.
POLICY	An applicant/participant is issued a CBIC to access their Cash Assistance (CA), Medical Assistance (MA) and Supplemental Nutrition Assistance Program (SNAP) benefits through the Electronic Benefit Transfer (EBT) system by using their confidential Personal Identification Number (PIN) with the CBIC.
BACKGROUND	The EBT System allows SNAP participants to access their 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, CA participants access their benefits at participating ATM's, food retailers and other Point of Sale (POS) locations. CA and SNAP participants access their benefits using a CBIC and a four-digit PIN. Both CBIC and EBT are systems operated and maintained by the New York State (NYS) Office of Temporary and Disability Assistance (OTDA).

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

Access to EBT Benefits

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

- CA 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/>
- CA 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.
- CA 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.
- Participants that have access to an Android smartphone, can upload the application (app), offering SNAP participants free EBT balance information.
- Participants can check ACCESS HRA for recent EBT balance information.

Refer to [PB #15-16-OPE](#)

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.

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 their 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 their card for a SNAP transaction.

Point of Sales

Point of Sales transactions are different from ATM transactions since they involve 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 a CA participant to receive cash back above the cost of the purchase up to the CA participant's remaining balance.
- Allow a CA participant to withdraw CA benefits without purchase.

Benefit Life Cycle

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 #17-09-OPE](#) for details on replacement of lost/stolen benefits.
Revised

Participants should safeguard their CBIC and not disclose their PIN to anyone. If someone else has access to the participant's PIN and has their 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 their 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.
- 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

Participants that come into the Center requesting to change a PIN that was previously assigned must have their current CBIC card. If the participant has a photo on their 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 is being referred for identity verification. If finger imaging is not available, check the HRA One Viewer for the ID the participant has submitted at application.

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:

Revised

EBT Services
109 East 16th Street, 9th Floor, Room 905
New York, NY 10003

PIN Restriction

A PIN Restriction helps participants 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 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 the OTC Site 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 ARU Personal Identification Number (PIN) Restriction Permission (**EBT-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.

Additional Security Password

Payees now have the option of placing an additional password on their 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 Account Additional Password Permission (**EBT-64A**) Form 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 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

Revised

Staff should call **718-722-4939** for any questions regarding EBT.

CBIC OTC Site

Revised

The Brooklyn OTC Site operates from 8:30AM-7:15PM Monday through Friday except holidays.

The OTC site 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 Site (**DSS-4113-2**) Form 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.

Revised

Applicants/participants who request a new or replacement CBIC can go to the Brooklyn OTC site.

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

CBIC's must only be issued to the payee since OTC site cannot 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 applicants/participants who indicate that they are homebound, and/or have a disability which prevents them 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 their CBIC card, they 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 OTC site. Staff should advise the participant that if they cannot arrive at the OTC site by 7:15 PM, that they should go on the following business day from 8:30 AM through 7:15 PM.

Revised The Travel Directions to the Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Site Form (**W-608H**) must be given to applicants/participants referred to the OTC site, as it informs them of the OTC site address, 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 they 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 they do 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.

CBIC Referrals using the Self-Service KIOSK. Refer to [PB #18-78-OPE](#) Revised If an individual has come to the Center to obtain a replacement CBIC, they can request a printout of the Need a Replacement CBIC? (**FIA-1059a**) from the kiosk. This option is only presented if the search is for a case with an active case status.

EBT Uncashable Benefits

EBT benefits can only be accessed by the applicant/participant when they have 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. To insure that this does not happen, Workers must follow the steps below before a SDI is completed;

Refer to WMS/NYC
Software Release 2016.3

- First, access the CBIC system and issue a benefit card, only if the intended payee assigned to the case below does not currently have a valid benefit card in the CBIC system.
- Second, assign a payee to the case. (An error message "No Complaint Card on File for Client) will display if a benefit card was not issued prior to the CBIC "Add" payee action.

Special Cases

Homebound participant
accessing benefits with
the help of an Authorized
Representative.

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.

Participant who is unable to access benefits can gain access with the help of an 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 their 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 **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 their 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 their PIN is to appear in person with CBIC at their Job/SNAP Center.
- if an applicant/participant wants to restrict the PIN change function for their CBIC, have them 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 their discretion upon request and confirmation of identity and signing a new **EBT-64** to remove the PIN restriction, and

- give the payee an Information and Referral Notice (**W-113E**) and refer them 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.

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 their 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 their CBIC, have them 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 a **W-113E** and refer them 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.

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 (Supplemental
Nutrition Assistance
Program)
Implications

SNAP implications are included within this policy directive.

Medicaid Implications

The CBIC card is also the Medicaid card.

LIMITED ENGLISH PROFICIENT AND DEAF/HARD-OFHEARING IMPLICATIONS

Staff must obtain appropriate interpretation services for individuals who are Limited English Proficient (LEP) and Deaf or Hard-of-Hearing. Please refer to [PD #18-10-OPE](#) and [PD #17-19-OPE](#) for detailed instructions.

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 them 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 their 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 Director's designee.

In Model Offices, the Receptionist at Main Reception will issue a SNAP Conf/Appt/Problem ticket to the applicant/participant to route them 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 #13-06-ELI](#)
[PD #17-09-OPE](#)
[PB #14-101-OPE](#)
[PB #15-16-OPE](#)
[PB #18-78-OPE](#)
 WMS/NYC Software Release 2016.3

ATTACHMENTS

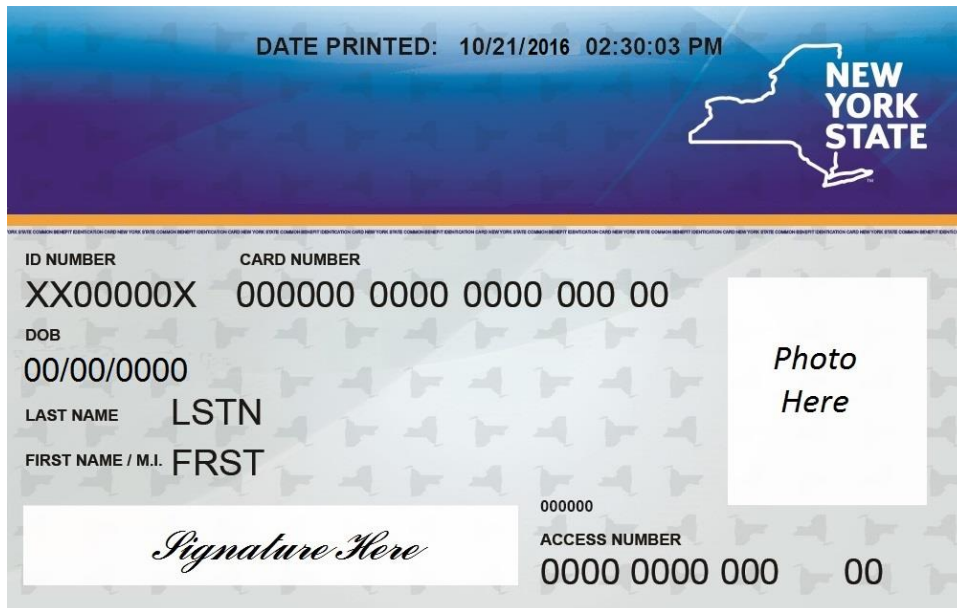
Attachment A	Entering the PIN Restriction/Release in the EBT Admin System
EBT-23	Notice of Special Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) Benefit (Rev. 03/18/2020)
EBT-53	EBT Services Pin Pad Password Request (Rev. 03/18/2020)
EBT-56	Administrative Terminal Password Request Electronic Benefits Transfer (EBT) Services (Rev. 03/18/2020)
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 (Spanish) (Rev. 5/21/10)
EBT-64A	EBT Account Additional Password Permission Form (10/14/14)
EBT-64A (S)	EBT Account Additional Password Permission Form (Spanish) (10/14/14)
W-607A	Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC (Rev. 08/09/19)
W-607Q	Referral for Photo/Signature (Rev. 10/14/14)
W-608H	Travel Directions to the Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Site (Rev. 02/24/2020)
W-608H (S)	Travel Directions to the Brooklyn Common Benefit Identification Card (CBIC) Over-The-Counter (OTC) Site (Spanish) (Rev. 02/24/2020)
W-608V	Common Benefit Identification Card (CBIC) Signature Authorization Form (Rev. 05/03/18)
W-608V (S)	Common Benefit Identification Card (CBIC) Signature Authorization Form (Spanish) (Rev. 05/03/18)
FIA-1059a	Need A Replacement Common Benefit Card (CBIC) (Rev. 02/19/2020)
FIA-1059a (S)	Need A Replacement Common Benefit Card (CBIC) (Spanish) (Rev. 02/19/2020)

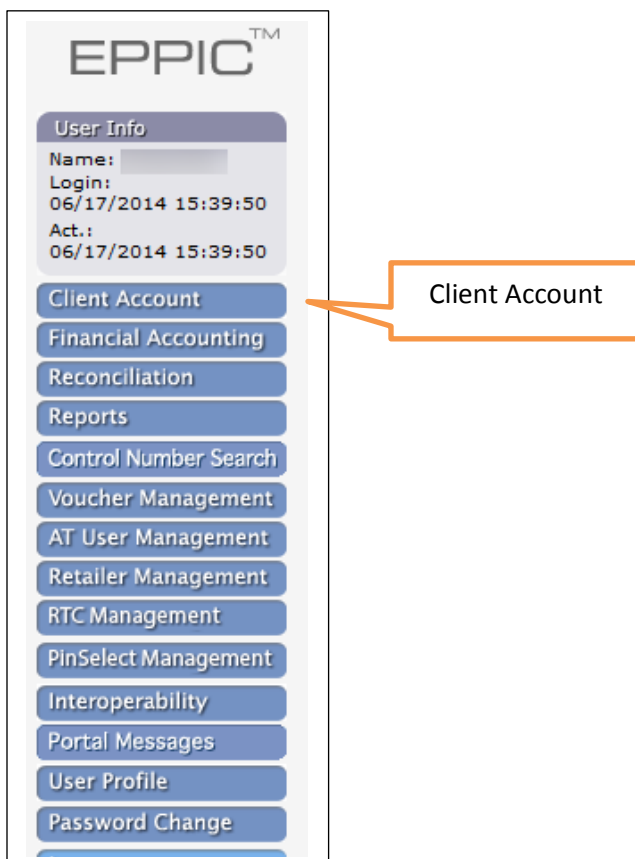
Attachment A

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

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



- After clicking LOGIN the EPPIC Main Menu appears.



Attachment A

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



- 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. It features a table with the following columns: Type, Case Key, CIN/App Reg #, Name, SSN, Address, City, ST, and M. The "Name" column header is circled in red. Two rows of client information are displayed, each with a "CASES" button. An orange 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

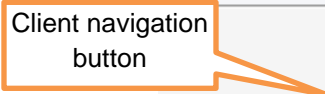
Clients

Type	Name	Card Number	Program		
PRIMARY	TESTLAST, TESTFIRST	6004862123456789100	FS , CASH	DETAILS	CARD
Authorized Representative	TEST, TOM	6004861000000000000	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

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.

(Turn page)

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

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

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: _____

SAMPLE

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
109 East 16th Street, 9th Floor, Room 905
New York, NY 10003

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: _____	

SAMPLE

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's Signature Date

 Print Director's Name

 Director's Signature Date

Send original hard copies to: EBT Services
 109 East 16th Street, 9th Floor, Room 905
 New York, NY 10003

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

**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).

SAMPLE

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: _____

Formulario de Permiso de Restricción del Número de Identificación Personal (PIN) Unidad de Reacción Automatizada (ARU) 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	EBT Restriction Lifted <input type="checkbox"/> Yes <input type="checkbox"/> 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	



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

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 (SNAP) Office: Caseload:						
Case Name:	Applicant/Participant's Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Authorized Representative (Payee) Name (print):	Authorized Representative (Payee) Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Fingering Imaging/Photo/Signature Completed <input type="checkbox"/>	Applicant/Participant CIN: _____						
Applicant/Participant Case Type/Case No./Registry No./Suffix: _____							
<p>Check Reason for Action:</p> <p><input type="checkbox"/> 01 Lost card</p> <p><input type="checkbox"/> 02 Stolen</p> <p><input type="checkbox"/> 03 Defective</p> <p><input type="checkbox"/> 04 Mutilated</p> <p><input type="checkbox"/> 06 Surrendered</p> <p><input type="checkbox"/> 09 First card/never received</p> <p><input type="checkbox"/> CBIC update (no CBIC referral required)</p>	<p>Identification documents witnessed for applicant/participant or authorized representative; the same two pieces must be presented to the Disbursement and Collections (D&C) Unit.</p> <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						

SAMPLE

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 <hr/> <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) <input type="checkbox"/> Vault Card and Mail Card (CBIC Menu Option 1)	<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
---	--	--

(Turn page)

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 <input type="checkbox"/> Vault Card			
Authorized Representative: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Name M.I. Last Name </div>			
<input type="checkbox"/> 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)

<input type="checkbox"/> Vault card (Temporary) issued			
<input type="checkbox"/> Permanent card mail request processed (to be decided by D&C or SNAP Reception) <input type="checkbox"/> 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

SAMPLE

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

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 _____

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 Brooklyn Over-The-Counter Site

You will need a Common Benefit Identification Card (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 Over-The-Counter (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 the Brooklyn OTC site listed below. **For a replacement CBIC, bring valid identification with you.**

Brooklyn OTC site is open Monday through Friday, except on holidays.

Brooklyn OTC Site
227 Schermerhorn Street Ground Floor (between Bond Street and Hoyt Street) Brooklyn, NY 11201
Open: 8:30 AM to 7:15 PM
Travel Directions
<u>By Bus:</u> B25, B26, B38, B52 to Fulton and Bond Street B62, B57 to Smith and Livingston Street B41, B45 to Livingston and Bond Street
<u>By Train:</u> 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

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

FORM DSS-4113-2

STAPLE FORM DSS-4113-2 HERE

(Turn Page)

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE



Instrucciones para llegar al local de atención al cliente por mostrador en Brooklyn

Para obtener sus beneficios de Asistencia en Efectivo (Cash Assistance) y/ o del Programa de Asistencia de Nutrición Suplementaria (Supplemental Nutrition Assistance Program, SNAP), necesitará una Tarjeta de Identificación de Beneficios Comunes (Common Benefit Identification Card, CBIC). Los casos que hayan sido recientemente aceptados y sus Representantes Autorizados **no obtendrán una CBIC a menos que proporcionen el formulario titulado "Referencia para el local de atención al cliente por mostrador" (Referral to the Over-The-Counter Site, DSS-4113-2)**. El formulario **DSS-4113-2** debe ir sujetado con grapas en la porción inferior de esta página. Lleve su referencia al local OTC en Brooklyn, cuya dirección se provee a continuación. **Para reemplazar una tarjeta CBIC, preséntese con una identificación válida.**

El local OTC en Brooklyn está abierto de lunes a viernes, excepto los días feriados.

Local OTC en Brooklyn
227 Schermerhorn Street Ground Floor (planta baja) (entre Bond Street y Hoyt Street) Brooklyn, NY 11201
Horario de atención: de 8:30 AM a 7:15 PM
Instrucciones de transporte
<u>Por autobús:</u> B25, B26, B38, B52 a Fulton y Bond Street B62, B57 a Smith y Livingston Street B41, B45 a Livingston y Bond Street
<u>Por tren:</u> 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

Debido a que el espacio es limitado, favor de asistir solo(a).

FORM DSS-4113-2

SUJETAR CON GRAPAS AQUÍ EL FORMULARIO DSS-4113-2

(Gire la hoja)

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?

¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.

SAMPLE



Date: _____

Case Number: _____

Case Name: _____

Job Center/
SNAP Center: _____

SNAP Center: _____

Telephone Number: _____

Common Benefit Identification Card Signature Authorization Form

You will get a Common Benefit Identification Card (CBIC) card if your application or recertification for benefits is accepted. The CBIC card is mailed to you after your case is accepted.

The CBIC card is used to access Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), and Medicaid benefits. Your CBIC card must have your signature on it.

If you would like to select someone (an Authorized Representative) who can also access your CA or SNAP benefits, we will also need their signature. An Authorized Representative cannot access Medicaid benefits on the CBIC card they get. Their CBIC card will also be mailed to you.

We do not have your signature.

You and your Authorized Representative, if applicable, can give us the signatures by doing **one** of the options below:

- Come into your Center
- Complete **page 2** of this form and then mail it to us in the envelope that was sent with this form. Keep a copy of the form that you send to us.

We cannot make your CBIC card without a signature!

(Turn page)

Please follow the instructions below carefully.

You and your Authorized Representative, if applicable, must complete the information below. We need a printed name and signature for each person.

1. **Print** your name here: _____

Sign
Your
Name
Here

 Picture

2. Authorized Representative
PRINT your name here: _____

Authorized
Representative
Sign Your
Name Here

 Picture

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

FOR OFFICE USE ONLY:

Completed By: _____ Date Completed: _____



Fecha: _____

Número del Caso: _____

Nombre del caso: _____

Centro de trabajo/
Centro de SNAP: _____

Número de teléfono: _____

Tarjeta de Identificación de Beneficio Común Formulario de Firma Autorizada

Usted obtendrá una Tarjeta de Identificación de Beneficio Común (CBIC, por sus siglas en inglés) si se acepta su solicitud o su recertificación. La tarjeta CBIC es enviada por correo después de que su caso sea aceptado.

La tarjeta CBIC se utiliza para acceder la Asistencia en Efectivo (CA, por sus siglas en inglés), el Programa de Asistencia de Nutrición Suplementaria (SNAP, por sus siglas en inglés) y los beneficios de Medicaid. Su tarjeta de CBIC requiere su firma.

Si le gustaría elegir a alguien (un representante autorizado) que pueda acceder a sus beneficios de CA o de SNAP, también necesitaremos su firma. El representante autorizado no puede acceder a sus beneficios de Medicaid con la tarjeta de CBIC que reciba. La tarjeta de CBIC de esa persona también se le enviará a usted por correo.

Nosotros no tenemos su firma.

Usted y su representante autorizado, de haberlo, nos pueden conceder la firma tomando **uno** de los siguientes pasos:

- Ir a su centro
- Rellenar la **página 2** de este formulario y luego enviarla por correo en el sobre enviado con este formulario. Guarde una copia del formulario que nos envió.

¡No podemos emitir su tarjeta de CBIC sin la firma!


(Voltee la página)

Favor de seguir cuidadosamente las instrucciones que siguen a continuación.

Usted y su representante autorizado, de haberlo, deben rellenar la información solicitada a continuación. Necesitamos el nombre escrito en letra de molde y la firma de cada persona.

1. Su nombre **en letra de molde** aquí: _____

Su firma aquí

 Picture

2. Nombre del representante autorizado **en letra de molde** aquí: _____

Firma del representante autorizado aquí

 Picture

SAMPLE

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SOLO PARA EL USO DE LA OFICINA:
Rellenado por: _____ Fecha: _____



Need A Replacement Common Benefit Identification Card?

If your case is active and you need a replacement Common Benefit Identification Card (CBIC) right away, you may go to the Over-the-Counter site listed below. Site is open Monday through Friday, except on holidays.

You must bring valid proof of identity with you.

If your card is lost, stolen, or damaged, you must have a stop put on the card by calling **1-888-328-6399**, 24 hours a day, 7 days a week. When you call you can also request a new card. It will take 7-10 days to come in the mail.

People with disabilities may use the following numbers for assistance:

TTY Users 1-800-662-1220

Non TTY Users: 1-800-421-1220

VCO Users: 1-877-826-6977

SAMPLE

Brooklyn*
227 Schermerhorn Street, Ground Floor
(between Bond Street and Hoyt Street)
Brooklyn, NY 11201
Open: 8:30 AM to 6:15 PM

*Space is limited, please do not bring anyone with you.

**For travel directions, please call the MTA at 511 or 718-330-1234.
You can also visit <http://www.mta.info>.**

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



¿Necesita un reemplazo de la Tarjeta de Identificación de los Beneficios Comunes (CBIC)?

Si su caso sigue activo y necesita un reemplazo inmediato de la Tarjeta de Identificación de los Beneficios Comunes (Common Benefit, CBIC), preséntese en el local de atención al cliente por mostrador (Over-The-Counter, OTC) que sigue a continuación. El local está abierto de lunes a viernes, excepto los días feriados.

Usted debe traer prueba válida de identidad.

Si su tarjeta ha sido perdida, robada o dañada, debe suspender la tarjeta llamando al **1-888-328-6399**, disponible las 24 horas del día, 7 días a la semana. Cuando llame, usted puede pedir que se le envíe una nueva tarjeta. Se tomará entre 7 y 10 días para llegar por correo.

Las personas discapacitadas pueden llamar a los siguientes números:

Usuarios de teletipo (TTY): 1-800-662-1220

No usuarios de teletipo (TTY): 1-800-421-1220

Usuarios de transferencia de voz (VCO): 1-877-826-6977

Brooklyn*

227 Schermerhorn Street,
Ground Floor (planta baja)

(entre Bond Street y Hoyt Street)

Brooklyn, NY 11201

Abierto entre: 8:30 AM y las 6:15 PM

*El espacio es limitado, favor de asistir solo(a).

Para instrucciones de transporte, por favor llame a la MTA al 511 o al 718-330-1234. También puede entrar al sitio web <http://www.mta.info>.

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad?

¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la HRA debido a su condición? **Nosotros podemos ayudarle.** Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la HRA. La ley le da derecho a pedir este tipo de ayuda.