COUNTY OF SAN FRANCISCO

ELECTRONIC BENEFIT TRANSFER (EBT) CARD AND PERSONAL IDENTIFICATION NUMBER (PIN) RESPONSIBILITY STATEMENT

Case Name: Rebecca Ackerman	Case	Number: 1373241
I certify that I have received information on Transfer (EBT) card and Personal Identification		and/or cash aid Electronic Benefit
I understand that:		
 I AM RESPONSIBLE for keeping my EBT of the someone of	on the back of the card of e knows my PIN that sho days a week custome thange my PIN.	uld not have access to my benefits, er service toll-free phone number
I will receive a separate card for this	person.	
■ This person must be a responsible adult.		
He/she can access my CalFresh and/or cash aid at any time.		
 I can choose one person to access fits, or I can choose one person to a 	•	person to access my CalFresh bene-
I must tell my worker immediately if	I want to change my Auth	orized Representative or Designated
Alternate Card Holder. 4. If the benefits in my EBT account are use Alternate Card Holder, or any other person authorized and the benefits will NOT be respected and the benefits will not be account or pln by contact and the pln will lock and I will not be able to a semergency I can contact my worker during and I may be disqualified and/or risk loss of Cantraudulent EBT transactions.	that uses my EBT card and placed. mediately to the 24-hours 9677). alling the 24-hour custor emergency, I can contact by using an incorrect Persaccess benefits until 12:0 regular business hours to	a day, seven days a week customer mer service toll-free phone number the county during business hours. onal Identification Number (PIN), my 00 midnight that same night. In an have my PIN unlocked.
Client Signature Rebecca Ackerman	-	_05/03/2013 Date
Print Name		
Eligibility Worker`s Signature	 	