

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 the use of my CalFresh and/or cash aid Electronic Benefit Transfer (EBT) card and Personal Identification Number (PIN).

I understand that:

1. **I AM RESPONSIBLE** for keeping my EBT card and PIN safe.
2. I should not write my PIN number down on the back of the card or anywhere it can be accessed by someone I do not trust. If I think someone knows my PIN that should not have access to my benefits, I will call the 24-hours a day, seven days a week customer service toll-free phone number **(1-877-328-9677)** or contact my worker to change my PIN.
3. I may choose an Authorized Representative (CalFresh) and/or a Designated Alternate Cardholder (Cash) who can get my benefits for me.
 - 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 my cash aid and another person to access my CalFresh benefits, or I can choose one person to access both.
 - I must tell my worker immediately if I want to change my Authorized Representative or Designated Alternate Card Holder.
4. If the benefits in my EBT account are used by myself, my Authorized Representative or Designated Alternate Card Holder, or any other person that uses my EBT card and PIN, the transaction is considered authorized and the benefits **will NOT be replaced**.
5. I must **report any lost or stolen card** immediately to the 24-hours a day, seven days a week customer service toll-free phone number **(1-877-328-9677)**.
6. I can get a new EBT card or PIN by calling the 24-hour customer service toll-free phone number (1-877-328-9677). If a card is needed in an emergency, I can contact the county during business hours.
7. After four (4) attempts to get my benefits by using an incorrect Personal Identification Number (PIN), my PIN will lock and I will not be able to access benefits until 12:00 midnight that same night. In an emergency I can contact my worker during regular business hours to have my PIN unlocked.
8. I may be disqualified and/or risk loss of CalFresh and/or cash aid, fines and/or imprisonment for illegal or fraudulent EBT transactions.

Client Signature

05/03/2013

Date

Rebecca Ackerman
Print Name

Eligibility Worker's Signature

VINE
EW #

05/03/2013

Date

**ELECTRONIC BENEFIT TRANSFER (EBT)
IMPORTANT INFORMATION**

CASE NAME

Rebecca Ackerman

CASE NUMBER

- It is important that I keep my Electronic Benefit Transfer (EBT) card and Personal Identification Number (PIN) safe. Any EBT transaction made by me, a Designated Alternate Cardholder/Authorized Representative, or any person I voluntarily give my EBT card and PIN will be considered a valid transaction and any benefits taken from the account will **NOT** be replaced.
- If my EBT card is lost or stolen, I will report it by calling the customer service center **IMMEDIATELY** at 1-877-328-9677. I can do this 24 hours a day, 7 days a week. Any benefits taken from my account before I report it to customer service will **NOT** be replaced.
- If I think someone may know my PIN number that I don't want to use my benefits, I will have my PIN number changed (I can do this by calling the toll-free customer service center at 1-877-328-9677). If I don't change my PIN number, benefits used by another person will not be replaced.
- I will be sure all authorized cardholders, including my Designated Alternate Cardholder/Authorized Representative know to report a lost or stolen EBT card or PIN number as soon as possible so I won't lose any benefits.

I certify that I have read this notice or have had it read to me and that I understand this important information about my EBT card.

SIGNATURE OF CLIENT

DATE