

**THE**  
**Electronic Benefit Transfer**  
**MANUAL**

**Delivering Benefits for the**  
**SNAP and Family Assistance**  
**Programs**

**Version3.0**  
**March 2022**

**Alabama Department of Human Resources**

Welcome to...

# **The Electronic Benefit Transfer Manual**

The intent of this manual is to provide instructional material in a simple and concise way to all staff, who perform client inquiries and actions concerning accessibility of eligibility benefits, while at the same time presenting meaningful information for the general reader. Individuals who handle the day-to-day responsibilities and issues involving the EBT system have prepared the material. The topics discussed in this manual are included in the Table of Contents that immediately follows. It is hoped that this manual will truly make the details of the EBT system plain enough so all can have an enhanced knowledge.

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## GENERAL INFORMATION

### 1.1 How to Use This Manual

**Table of Contents:** Appears at the beginning of the manual and identifies the chapter number, name of the chapter and page number. A Table of Contents also appears at the beginning of each chapter and outlines the location of each section contained in the chapter.

**Chapters:** Each chapter contains a successive whole number (Example: Chapter 1, Chapter 2 and so forth). The chapter number appears in the top right corner of the page and as the first number in the page number located in the bottom right corner (i.e., 1-1, 1-2, 1-3, etc.). Each chapter has main sections and may also contain subsections.

**Sections:** These are the main sections within a chapter. Each section is numbered starting with the chapter number, followed by a period and a number that signifies the section's position within the chapter (For instance, 1.1, 1.2 and 1.3).

**Subsections:** Appear under a main section and contains a number that signifies its position within a section. Subsections are separated from the chapter and section number by a period (Example: 1.1.1) and can be broken down to a lower level by adding a lower-case letter preceded by a period (Example: 1.1.1.a).

**Lists:** May appear in the manual with upper-case or lower-case letters (A, B or a, b and with a period or parenthesis after the letter), numbers (1, 2 with a period or parenthesis), bullets and/or within a chart or table.

**Page Numbers:** The chapter number followed by a dash and the successive page number designates each page. For example, the third page in Chapter 1 is numbered 1-3. The Table of Contents also contains the number of its associated chapter.

**Dates:** The date the information provided in the manual was considered finalized (i.e., 03/08/22) is located in the bottom left corner of the page. Anytime information is updated or revised in the manual, the revision number followed by the date appears. Example: (Revision #1) 10/01/03. A vertical line located in the right margin identifies where the actual update or revision was made.

## 1.2 Acronyms

This section is included to assist the reader in easily locating the words for the majority of acronyms used in this manual. The following table contains an alphabetical list of the acronyms and the words from which they were formed:

AR	Authorized Representative
ARU	Automated Response Unit
ATM	Automated Teller Machine
CFR	Code of Federal Regulations
CSR	Customer Service Representative
CST	Central Standard Time
DHR	Department of Human Resources
DOB	Date of Birth
EBT	Electronic Benefit Transfer
EBTANS	Electronic Benefit Transfer Account Number System
EBTDMS	Electronic Benefit Transfer Data Management System
EBTSTATS	Electronic Benefit Transfer Statistical Profile System
EPPIC	EBT Administrative Terminal
EW	Eligibility Worker
FA	Family Assistance
FACETS	Family Assistance Certification, Eligibility and Training System
FAD	Food Assistance Division
FNS	Food and Nutrition Service
ID	Identification
IEVS	Income Eligibility Verification System
PAN	Primary Account Number
PC	Personal Computer
PIN	Personal Identification Number
POS	Point-of- Sale
SCI-II	State/County Integrated System for Certification and Issuance
SNAP	Supplemental Nutrition Assistance Program (formerly referred to as Food Stamps)
SSN	Social Security Number
TANF	Temporary Assistance for Needy Families
TNUM	Temporary Number or T number
USDA	United States Department of Agriculture

**NOTE: The TANF and FA acronyms will be utilized interchangeably throughout the manual. Both acronyms refer to Family Assistance.**

### 1.3 Frequently Asked Questions and Answers

This section contains some of the most common questions/problems that have been addressed to the EBT Helpdesk, their response and who to contact for problem resolution. General information is also provided for quick reference.

1. **What change on SCI-II, OACIS or FACETS can cause a new EBT card to be generated?**

Only a name change generates a new card. The EW should inform the client that a name change will generate a new card and that the old card will be canceled. If a client receives both SNAP and TANF benefits, the name must be identical on both systems. If either is different from the name that currently exists on the EBT system, it will change the EBT system and generate a new EBT card to the client. Address changes do not generate a new card.

2. **How are expunged benefits identified on the EBT Administrative Terminal?**

Each day, SNAP benefits that have not been accessed for 274 days (approximately 9 months) will be “expunged” or removed completely by the EBT Processor. The EPPIC Administrative Terminal will show “EXPUNGED” on the Benefits screen. EPPIC’s Client Benefit Management screen shows data on the benefits issued on the EBT account. This data includes the benefit availability date, benefit type, benefit status, and benefit amount.

3. **What do I do if an address change has been made on SCI-II or FACETS, but a different address appears on the EBT Administrative Terminal?**

Contact: Food Assistance Division, EBT Helpdesk concerning EPPIC EBT Administrative Terminal or Family Assistance, PA Helpdesk concerning FACETS.

4. **The client needs a Security Password placed on his or her EBT account to prevent anyone else from requesting a new EBT card, canceling their current EBT card, or changing the EBT card PIN.**

A Security Password should be placed on an account only if there is no other solution; the Security Password should be between 4 – 12 alphanumeric characters. Explain the details concerning placing a password on an account to the client. The EW should have the client come into the office if they are not already in the office. After the client arrives in the office, verify the client’s identity, contact the EBT Helpdesk via telephone and allow the client to provide the password to an EBT Helpdesk staff member who will place the password on the client’s account. If you are not able to reach EBT staff by telephone, email the Security Password request to the EBT Helpdesk at DHR\_EBT and the Password will be placed on the client’s EBT account. If the client has requested that the EW provide the Password to the EBT Helpdesk for them, the EW should destroy the password provided by the client as soon as they have been informed by the EBT staff member that the password has been placed on the account. The Password can be viewed on the EBT Administrative Terminal by going to the Client Information Management screen

in EPPIC. After a Password has been placed on the account, the EBT CSR and the EBT Helpdesk will not take any action on the EBT account without first verifying the Password.

**NOTE: The TANF and FA acronyms will be utilized interchangeably throughout the manual. Both acronyms refer to Family Assistance.**

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## EBT BASICS

### 2.1 What is EBT?

Electronic Benefit Transfer (EBT) is a benefit delivery system. It does not change or affect eligibility determination or benefit level.

Alabama has delivered SNAP and Family Assistance (FA) benefits via EBT since October 1997. Recipients swipe their plastic EBT card using the Point-of-Sale (POS) equipment at authorized retailers to access their SNAP or FA benefits. They also can use Automated Teller Machines (ATMs) to access their FA benefits.

When EBT was federally mandated for SNAP, it replaced the cumbersome and costly food stamp coupon issuance procedure by electronically transferring funds from the recipient's benefit account to the retailer or financial institution's account and it replaced the monthly issuance of warrants to FA recipients.

Alabama's current EBT Processor, Conduent State and Local Solutions, Inc. (hereafter referred to as "Conduent") is the State's prime EBT Contractor. Conduent is responsible for the data processing of benefit transactions and retailer issues such as training for retailers and setting up new and previously authorized merchants with installation of SNAP-only government deployed POS equipment. Fiserv (a subcontractor of Conduent) manufactures and mails EBT cards.

EBT involves many stakeholders: state agencies, clients, retailers, financial institutions, advocates, and many more.

### 2.2 The EBT Card

The EBT card contains the cardholder's name and a 16-digit card number that is called the Primary Account Number or PAN. The first six digits of the Alabama card number are 507680. These numbers indicate that the card is an Alabama card. The remaining numbers are unique to each card.

The client should safeguard the card, as it will continue to be used through various eligibility determinations unless it is lost, stolen or damaged in which case it is replaced and a new EBT card is issued.



## 2.3 The PIN

The PIN is a four-digit number the client selects on his/her own and is a part of the EBT card activation process. The client uses the PIN in conjunction with the EBT card to access benefits. The client keeps this PIN and continues to use it through various eligibility determinations unless the client wishes to select a different PIN. The client keeps the same PIN even if the EBT card is replaced.

**It is very important that the client not write their PIN in a location near the EBT card. The client shall never be requested or required to provide his or her PIN to anyone. The PIN is highly confidential and should be known only by the party who is the authorized user of the EBT card.**

## 2.4 The EBT Account Number

The EBT account number is the key to getting the right benefits posted to the correct EBT account for the right client. It is similar to a checking account number into which different types of income are deposited.

Blocks (groups) of account numbers are requested from the EBT Contractor as needed by the DHR technical support staff. Each account number is assigned by the EBT system and is unique to each cardholder. For example, a client who has a single EBT card for SNAP and TANF benefits has a single EBT account for both benefits.

When a new applicant applies for benefits, the Eligibility Worker (EW) must determine if the applicant already has an EBT account. EBT Accounts are only established for clients who have been approved for benefits and do not have an existing account.

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## THE DHR EBT SYSTEM

### 3.1 How the EBT System Works

The Department of Human Resources (DHR) EBT system is the central point through which data from the eligibility systems, SCI-II, OACIS, and FACETS is received, validated, merged, tracked and transmitted to Conduent. The batch file method is used to create all the data that is exchanged. Data is returned to the EBT system from Conduent and sent back to the eligibility systems and other DHR areas, such as Finance, Claims Investigations, and Audit.

The EBT system consists of three major sub-systems: the EBT Account Number System (EBTANS), Data Management System (EBTDMS) and Statistical Profile System (EBTSTATS). Each sub-system has a specific database; performs specific functions; has specific systems with which it interfaces; and may have unique screens.

### 3.2 The EBT Account Number System (EBTANS)

The purpose of EBTANS is to assign new EBT account numbers and maintain a list of EBT account numbers of all EBT clients. Assigning accounts at the State level helps to ensure that clients have only one EBT account regardless of the number of benefits received.

The EBT account number is the account to which a client's benefits are posted. The EBT account number is the same number for all of the different program benefits a single, client receives. Thus, a Family Assistance (FA) client who is also the head of the SNAP household will have a single EBT account number for both FA and SNAP benefits. The EBT account number is stored, but not displayed, on the DHR eligibility systems. To check for an existing EBT account, the EW can view the EBT Accounts Search/Inquiry, EBT Account Number Search/Assignment, Account Number List and Account Number Detail screens. See the Automation Manual, Chapter 4, Section 408 or the FACETS Certification User Manual, Section 3 for additional information concerning the EBT Accounts Search/Inquiry and Account Number List screens.

#### 3.2.1 The EBT Accounts Search/Inquiry Screen (PSFSM94)

PSFSM94	FOOD STAMP SYSTEM	DATE: 07/02/2003
	EBT ACCOUNTS SEARCH/INQUIRY	TIME: 12:00:25
SOC SEC NO: 000000000		DATE OF BIRTH: 00000000
LAST NAME:	FIRST NAME:	MIDDLE NAME:
	OR CASE NUMBER: 000000000	
ENTER SSN, NAME(S) AND DATE OF BIRTH OR, CASE NUMBER		
PF1 - FS MENU	ENTER - CONTINUE	CLEAR - EXIT

The **PSFSM94** screen is accessed by entering SCI-II using the standard sign on procedures and going to the State of Alabama Food Stamp System Selection Menu (PSFSM02). Type in **17** after the PFKEY = and press the Enter key. When the screen appears, the cursor will be on the first line where data can be entered.

### **Fields**

**SOC SEC NO:** The SSN of the individual in question. The head of household's SSN is usually used.

**DATE OF BIRTH:** DOB of the individual in question in the format MMDDCCYY. The head of household's DOB is usually used.

**LAST NAME:** Last name of individual in question. The head of household's last name is usually used.

**FIRST NAME:** First name of individual in question. The head of household's first name is usually used.

**MIDDLE NAME:** Middle name of the individual in question. The head of household's middle name is usually used. Completion of this field is optional.

**OR CASE NUMBER:** SNAP case number. Complete this field only when the SSN, DOB and name are not completed.

To check for an account, type in the individual in question SSN, DOB and name. Press the Enter key and the Account Number List screen will display with the information found or if no information is found, the message "NO EBT ACCOUNT NUMBERS FOUND FOR SEARCH CRITERIA" will be displayed at the bottom of the screen.

OR

Type in the SNAP case number. Press the Enter key and the EBT Accounts Search/Inquiry screen will again display with the information found or the message "CASE NOT FOUND MASTER OR APPLICATION FILE" will display at the bottom of the screen if no case is found.

### 3.2.2 The Account Number List Screen (PSEBM05)

PSEBM05	ELECTRONIC BENEFITS TRANSFER SYSTEM		07/02/2003
PAGE: 01	ACCOUNT NUMBER LIST		12:00:30
SSN: 419009902	NAME: FRITZ SAMPLE	DOB: 1980-05-04	
SEL	NAME	DOB	SSN
– FRITZ SAMPLE		1980-05-04	419009902
FS CASE: 510105900			
PF1 - RETURN	PF7 – PAGE BACK	PF8 - PAGE FWD	

The **PSEBM05** screen can only be accessed from **PSFSM94** when the head of household's SSN, DOB and name has been used and account information exists. This screen cannot be accessed using the case number.

In **FACETS** the PSEBM05 screen can be accessed from ZC88 EBT ACCOUNT NUMBER/ SEARCH ASSIGNMENT. On ZC88 press the PF7 key (EBT Inquiry) to access PSEBM05, ACCOUNT NUMBER LIST.

This screen may be used when there is a partial match of the individual in question or applicant with an individual or individuals that already have EBT account numbers. The EW can use this screen to determine if the individual in question and any of the individuals who appear on the screen are the same person. If they are the same, the new program benefits will be posted to the EBT account number that already exists. If there is not sufficient information on the screen to make this determination, the EW can see more detailed information about any of the individuals by accessing the Account Number Detail screen.

#### Fields

**SSN:** Displays the SSN of the individual that the user typed in on the PSFSM94 screen.

**NAME:** Displays the first and last name of the individual that the user typed in on the PSFSM94 screen.

**DOB:** Displays the DOB of the individual that the user typed in on the PSFSM94 screen. The format is CCYY-MM-DD.

**SEL:** Selection field for the user.

**NAME:** First and last name of the individual(s) that matched the one the user typed.

**DOB:** Date of birth of the individual(s) that matched the one the user typed.

**SSN:** Social Security Number of the individual(s) that matched the one the user typed.

**FS CASE:** Food Stamp (currently referred to as SNAP) case number of the individual that is listed directly above. To view more details concerning the case, type a **V** in the selection field to the left of the name that you wish to view and press the Enter key. The Account Number Detail screen will display with additional information.

### 3.2.3 The Account Number Detail Screen (PSEBM06)

PSEBM06	ELECTRONIC BENEFITS TRANSFER SYSTEM				07/02/2003
	ACCOUNT NUMBER DETAIL				12:00:40
CLIENT SSN: 419009902    DOB: 1980-05-04					
NAME	CLIENT TYPE	LANG IND	CARD ISSUED	CARD REQUESTED	
FRITZ SAMPLE	P	E	Y	1999-12-28	
ADDRESS: 269 EARLY BLVD #64					
MONTGOMERY    AL 36116-1111					
ASSOCIATED INFO:			ACCOUNT ISSUANCE INFO		
CASE	OFFICE	AGENCY: ALDHRF    DATE: 1999-12-28			
FS: 510105900	512	CASE: 510105900			
PA:		WORKER ID: 418873102			
WIC:		LOCAL OFFICE: 512			
PF1 – RETURN					

If the case number has been used to view information on **PSFSM94**, the **PSEBM06** screen can also be accessed directly from the **PSFSM94** screen by pressing the Enter key. **PSEBM06** is a display only screen.

#### Fields

**CLIENT SSN:** Social Security Number of the client that displayed on PSFSM94 or that was selected on PSEBM05.

**DOB:** Date of birth of the client that displayed on PSFSM94 or that was selected on PSEBM05.

**NAME:** Name of the client that displayed on PSFSM94 or that was selected on PSEBM05.

**CLIENT TYPE:** Valid values are **P** for the SNAP or FA client and **A** for a food stamp Authorized Representative (AR). FA cases do not list an AR.

**LANG TYPE:** Valid values for language type are **E** for English and **S** for Spanish.

**CARD ISSUED:** Valid values are **Y** for card has been issued and **N** for card has not been issued.

**CARD REQUESTED:** The date the card was actually requested. The date is in the format CCYY-MM-DD.

**ADDRESS:** Displays the client's address.

**ASSOCIATED INFO:** Information associated with the client's case.

**CASE:** **FS** – Displays a SNAP case number if one exists, **PA** – Family Assistance - FA case number if one exists, and **WIC** – the nutrition program for Women, Infants and Children case number will no longer display because those benefits are currently not included in the Alabama EBT process.

**OFFICE:** Valid values are three digits in length. Displays the Geo Admin Code used for SCI-II and/or county codes used for FACETS.

**ACCOUNTS ISSUANCE INFO:** Information pertaining to the client's EBT account.

**AGENCY:** The agency that controls or manages the case. Valid values are **ALDHRF** for SNAP - SCI-II, and **ALDHRB** for FA – FACETS.

**DATE:** Displays the date the account number assignment was made. The date format is CCYY-MM-DD.

**CASE:** The case number assigned by the agency that manages the case.

**WORKER ID:** Displays the SSN of the EW that is responsible for managing the case.

**LOCAL OFFICE:** The three-digit number of the county office that is responsible for case management. This number will be the same as the SNAP office number or FA county code.

### 3.3 The EBT Data Management System (EBTDMS)

The purpose of the EBTDMS is to transmit files to and from the EBT Processor. This system receives case/client information and benefit authorization data from the eligibility systems and transmits it to Conduent. Based on this data, all information pertinent to benefits is posted to EBT accounts.

All of the processing/interfacing between the eligibility systems, the DHR EBT system, and Conduent are “behind the scenes” and are transparent to workers. There are no



inquiry screens to access through the eligibility systems. See Chapter 7 for information on the Administrative Terminal functionality.

### **3.4 The EBT Statistical Profile System (EBTSTATS)**

The purpose of EBTSTATS is to receive feedback from Conduent concerning each case/client and benefit information file sent by DHR. Data received from Conduent is maintained on this system. This data consists of detailed information on each EBT transaction, whether initiated by the client or the state. Reports can also be generated as needed. Some of the reports that are created are used in the EBT settlement process as support information when using federal and state monies.

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## EBT CARD AND PIN ISSUANCE

### 4.1 Original Issuance of the EBT Card and PIN

Issuance of an EBT card for a new case is automatically initiated when the case is approved for benefits. **No worker intervention is required.** The worker is not involved in triggering the issuance of an EBT card or in handling the replacement of lost, stolen, or damaged EBT cards. Clients who are reporting lost, stolen or damaged EBT cards should be directed to call EBT Customer Service at 1-800-997-8888.

When a new case is approved for benefits, the EBT card is mailed the following workday. For example, if the case is approved on Friday, the card will be mailed on Monday, unless Monday is a Federal Holiday in which case the card will be mailed on Tuesday. Cards for SNAP expedited service cases are mailed on the same day if the case is approved before 11:30 am.

In order to activate the EBT card, the client must call the Customer Service 1-800 number and verify their identity. The card will then be activated and ready for use once the PIN is set.

When a new case is approved, benefits will be available by 5:00 a.m. Central Standard Time (CST) the following day. The benefits may be accessed as soon as the card is received and activated.

### 4.2 EBT Card Replacement

If the client's EBT card has been lost, stolen or damaged, instruct the client to call Customer Service at 1-800-997-8888 to request a replacement EBT card. See Chapter 5 for more information about Customer Service. After verification of the client's identity and mailing address, **the current EBT card will be deactivated** by Conduent and a new EBT card will be sent to the client. If the mailing address that shows on the EBT system is incorrect, the EBT CSR will instruct the client to contact the County Office to have the address corrected.

### 4.3 PIN Selection

The client must contact EBT Customer Service at 1-800-997-8888 should they forget or wish to select their own PIN. After the client has had their identification verified with the EBT Customer Service IVR, they client will then select their own PIN. Once the PIN has been selected, the client can then immediately use his/her card with the new PIN.

### EBT Card PIN Logic

Clients should avoid using "Common PINs" as a means to help prevent card cloning and in an effort to prevent individuals from making unauthorized purchases. Common PINs

are those that are easily guessed and include those such as: 1234, PINs composed of all one number such as 1111, and PINs which make use of the cardholder's date of birth.

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## THE 1-800 CUSTOMER SERVICE NUMBER

### 5.1 General Information for Clients

One of the most outstanding features of the EBT system is the 1-800 EBT Customer Service Number. This number is printed on the back of each EBT card and is printed on all training materials provided to clients. **Alabama's EBT Customer Service Number is 1-800-997-8888.**

The 1-800 number is operational 24 hours a day, 7 days a week and provides the client with a variety of services and information. The Automated Response Unit (ARU) will respond initially to all incoming calls. The ARU will prompt the caller to indicate whether they wish to hear instructions in English or in Spanish. If the caller is using a touch tone phone they would then press 1 for English or 2 for Spanish. Once the caller has made their selection, he/she will be prompted with other selections to determine the service needed. The client will need to enter his/her 16-digit EBT card number, except when reporting a lost, stolen, or damaged EBT card. In order for the caller to speak with a Customer Service Representative, after the caller selects their language, the ARU will prompt the caller to enter their 16-digit EBT card number on three (3) separate, individual times. The caller should not say or enter any information on either of the 3 prompts. After the **third** prompt, the caller will automatically be transferred to a CSR.

### 5.2 Services Provided to Clients

The following services are provided through the 1-800 EBT Customer Service Number:

- By selecting “**Current Balance**”, clients can check their current balance through the Customer Service ARU. The ARU will provide “real time” account balance information for both SNAP and TANF.
- A client can report the EBT card as **lost, stolen, damaged, or the non-receipt of an EBT card**. Once the client has made this selection, a replacement card is immediately issued to the client. If the client does not have his/her 16-digit EBT card number, the call is automatically transferred to a Customer Service Representative after the 3<sup>rd</sup> EBT card number prompt.
- A client will call Customer Service to **activate** a new or replacement EBT card. The ARU will provide instructions for the procedure to activate the card.
- Callers selecting “**Transaction History**” will enter their 16-digit card number and will be provided with information about the last 10 transactions the client made. Balances will also be provided by benefit program if requested.
- If the ARU does not provide the needed service option, the caller can follow the prompts to speak with a CSR (See instructions on how to speak with a CSR above).

The Customer Service Representative will handle the following requests/reports:

- Client's request to report card lost, stolen or damaged and have a replacement card issued.
- Client's request for the last 10 credits/debits.
- Client's request for a transaction history.
- Client's request for locating POS/ATM site locations where clients and other authorized cardholders may access benefits.
- Client's report of unauthorized card use.
- Client's report of ATM or POS disputes.
- Client's request for any other help or information.
- Client's request to have his/her EBT Client Portal Username/Password reset.

**Note:** Some of the services listed require the client to provide certain demographic data to verify his/her identity. If the data provided by the client conflicts with the data on the Customer Service Representative's files, the client will be instructed to contact the county office. For example, if the client provides a different SSN or address, the CSR cannot provide the service the client is requesting nor can the CSR change the data on their files. Any changes to the demographic data must be made using the DHR eligibility systems, which is then transmitted Conduent.

### 5.3 General Information for Retailers

The Retailer Customer Service Help Desk provides program information and retailer EBT support. The **Retailer Customer Service number for Alabama is 1-800-477-8604** and is printed on the back of the Alabama EBT card. This number is available to retailers, 24 hours a day, 7 days a week. Retailers may also gain retailer information by visiting the EBT Retailer Portal at [www.connectebt.com/retail](http://www.connectebt.com/retail). All calls to the Retailer Customer Service are toll-free, without charge or fee and accessible to all Quest retailers.

### 5.4 Services Provided to Retailers

**Retailers should call the Retailer Customer Service Helpdesk at 1-800-477-8604 for approval to process voice authorizations for SNAP transactions.**

For EBT retailers with SNAP-only equipment, the Retailer Customer Service Help Desk provides the following services:

- Support and problem resolution on FS-only POS equipment.
- Settlement information and reconciliation procedures.
- Support on system adjustments and resolution of out-of-balance conditions.
- General information regarding EBT policies and procedures.

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## USING AN EBT CARD

Clients can use their EBT card to access their benefits at Automated Teller Machines or Point-of-Sale terminals.

### 6.1 ATM Terminals for FA Clients

An ATM can be used by FA clients to access their cash benefits. The client uses the ATM keypad to identify the type of transaction, the transaction amount, and to enter the PIN. After the transaction is approved, a receipt is printed that provides the transaction type, the amount approved and the benefit balance information. Clients are allowed two free transactions per month, after these, they will be assessed a fee of \$0.50 for each transaction approved during the same month. Cash balance inquiries are free.

### 6.2 POS Terminals for SNAP and FA Clients

POS terminals are placed at Food and Nutrition Service (FNS) authorized merchant stores participating in the EBT program and in Group Homes with FNS authorized retailer numbers. There are two types of POS terminals:

**SNAP Only Terminals** – cash benefits are not accessible through these terminals. They are Government-deployed terminals.

**Cash/SNAP Terminals** – cash benefits and/or SNAP benefits may be accessed at these terminals. They are commercial terminals. Clients can use Cash/SNAP Terminals to make a:

- SNAP purchase
- SNAP return/credit
- Cash (FA) withdrawal
- Cash (FA) purchase
- Cash (FA) purchase with cash back
- Balance inquiry

A POS terminal requires interaction between a merchant employee and a client to generate an EBT transaction. Each transaction requires the client to enter a PIN. If a client wishes to pay for groceries with SNAP and also receives cash, then both a SNAP purchase and cash withdrawal transaction must be performed and the client will receive two receipts. Two copies of the receipt are printed: the client receives one copy of the receipt and the merchant keeps the other copy for record keeping purposes. It is the responsibility of the merchant to enforce the rules and regulations regarding the use of SNAP authorizations for the purchase of goods and services.

A POS terminal allows a client, for SNAP purchases, to make an unlimited number of free transactions, including SNAP balance inquiries. Clients who choose to receive cash back from a POS terminal will have two free transactions each month and on the third and each subsequent transaction will be assessed a \$0.50 transaction fee. SNAP and Cash balance inquiries are free. If a client elects to make a purchase using cash benefits with cash back, the transaction is free.

### **6.3 EBT Restriction**

Federal and State laws for the FA Program prohibit use of an EBT card to withdraw cash or to pay for goods and services in liquor, wine or beer stores, casinos or other gambling establishments, strip clubs, tattoo or body piercing facilities or facilities providing psychic services. Use of these cash benefits to buy liquor, wine, beer, tobacco products or lottery tickets is also prohibited.

### **6.4 Interoperability**

The EBT Interoperability & Portability Act of 2000 required that all EBT systems servicing the SNAP Program be nationally interoperable and SNAP benefits be portable by October 2002. Clients moving from Alabama to other states should be instructed to take their Alabama EBT card with them. Alabama's EBT card can be used anywhere in the country. However, if they are unsuccessful, the client or their caseworker in Alabama should contact the EBT Helpdesk for the situation to be investigated and the appropriate action taken.

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## THE EBT ADMINISTRATIVE TERMINAL

### 7.1 Functionality

The EBT Administrative Terminal (EPPIC) is connected directly to Conduent. Data sent through the eligibility systems to the EBT System are shown on the EBT Administrative Terminal. Selected users in county offices are provided access to the EBT Administrative Terminal in order to provide clients information regarding accessibility of their SNAP and/or FA benefits. For more information on the functionality and screens of the EBT Administrative Terminal, please see the DHR LETS EBT Administrative Terminal (EPPIC) Training course.

### 7.2 Security

Each user who is initially provided access to the EBT Administrative Terminal is assigned a seven-character User ID and instructed on how to set up their password. Users who forget their password, have made three (3) or more consecutive, invalid attempts or who have been inactive for 90 days will need to contact the EBT Helpdesk to have their password reset. Users should not provide their User ID and password to anyone else. If additional persons need access to the EBT Administrative Terminal, the county office should email the EPPIC EBT User ID Request Form (a copy of the form is located in Appendix A) to the EBT Helpdesk at DHR\_EBT.

**NOTE:** The county office should immediately notify the EBT Helpdesk when a person who previously had access to the Administrative Terminal transfers, resigns, retires or transfers to another position in the county office where access to the Administrative Terminal is not needed, so that their User ID can be deleted. This information can be emailed to the EBT Helpdesk at DHR\_EBT.

**PENALTY WARNING:** According to FNS Federal Regulation 7 CFR 278.1(q) in regards to retailer information, “Any person who publishes, divulges, discloses, or makes known in any manner or to any extent not authorized by Federal law or regulations any information obtained under this paragraph shall be fined not more than \$1,000 or imprisoned not more than 1 year, or both. Protected information includes, but not limited to, Employee Identification Numbers (EINs) and social security numbers. Ownership information and sales and redemption information collected from individual firms can be disclosed only for the purpose of executing ones duties directly connected to the administration and enforcement of the Food and Nutrition Act of 2008 or for other purposes outlined in the paragraph.” Public information that is permissible to disclose is restricted to names and addresses of authorized stores, the business telephone number, the hours of operation, and the store category type.

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## **SPECIFIC PROGRAM PROCEDURES**

### **8.1 The EBT Card**

The issuance of EBT cards for SNAP is an automatic process handled by the authorizing computer system. As stated in Chapter 2 and 4, the EBT Processor handles the issuance of an EBT card. If a client reports to the County Office that a card is lost or stolen, follow the instructions in Chapter 4. Refer to the Automation Manual or the FACETS Certification User Manual for automation issues pertaining to EBT.

#### **Who will get an EBT card?**

##### **1. The Head of the Food Assistance Household**

Other household members will not receive an EBT card.

If the head of the household is also the payee for the Family Assistance benefits, the SNAP benefits and TANF benefits will be issued on one EBT card.

This card will have the head of the household's name on it.

##### **2. The Food Assistance Authorized Representative (AR)**

The EBT contract allows only one authorized representative per case to be issued an EBT card. However, SNAP policy has not changed regarding authorized representatives. The name entered into SCI-II/OACIS in the authorized representative field designated with a **P** is the individual that will be issued an EBT card. AR cards will be mailed to the head of the SNAP household. It is the responsibility of the head of the household to give the authorized representative the EBT card. If the household designates another individual to make food purchases for them, a new EBT card will automatically be issued and mailed to the head of the SNAP household. This is accomplished by updating the authorized representative field. This action will cause the automatic cancellation of the EBT card for the previous person whose name was in this field.

The card will have the Authorized Representative's name on it. After the name there will be a dash (-) and the letters "AR". This designates the card as the one to be given to the authorized representative.

When the AR calls the 1-800 Customer Service Number, and is requested to provide demographic data to a Customer Service Representative, the AR will provide his/her own name, but all other data, such as SSN or DOB, must be the demographic data of the head of household.

## Case Scenarios

As the issuance of EBT cards can be confusing in households or family units in which different members receive benefits from various programs, the following case scenarios are presented. When an individual receives SNAP and Family Assistance benefits, one EBT card will be issued with both benefits included.

### 1. Food Assistance Case

#### Household Members

Mr. S (Head of Household)

Mr. S. issued 1 EBT Card for SNAP only

Mrs. S (Family Assistance Client)

Mrs. S. issued 1 EBT Card for TANF only

TANF Child

TANF Child

### 2. Family Assistance/Food Assistance Case

#### Household Members

Ms. L (TANF Client, SNAP Head of Household)  
TANF Child

Ms. L issued 1 EBT card for TANF & SNAP

Ms. L's Sister (TANF Client)  
Child

Ms. L's Sister issued 1 EBT card for TANF only

### 3. Food Assistance Case

#### Household Members

Ms. X (Head of SNAP Household)

Ms. X issued 1 EBT card for SNAP & TANF

TANF Child

Ms. H (Authorized Representative)

Ms. H issued 1 EBT card for SNAP only

does not live in the household

## 8.2 The EBT Account Number

Chapter 2 and 3 of this manual cover EBT account numbers. It is appropriate in this section to issue words of caution. The SNAP application process searches the EBT Account file for indicators of discrepant information. A discrepancy may occur when a client's SSN matched, but other data such as date of birth did not match. The EW

is required to discuss this discrepancy with the client during the interview. In either situation, the EW shall determine if the client is associated with an existing EBT account. The worker's decision on whether or not this applicant and the individual on the EBT account are the same person is CRITICAL. An erroneous determination could result in:

- Benefits being posted to the wrong EBT account and the erroneous issuance of an EBT card that could give the individual access to other benefits to which they are not entitled. Corrective action for the error may require the processing of an Administrative Error Claim (if the incorrect amount exceeds the claim threshold of \$225) against the person that erroneously got the benefits and a restoration to original holder of the benefits.
- A client could receive 2 EBT cards--one for family assistance benefits and one for food assistance benefits.

**NOTE:** The EBT account number assigned to household member 01 belongs to that individual regardless of county location in the State of Alabama. The same is true for benefits authorized and sent to the EBT account; the benefits are "owned" by household member 01.

### **8.3 Food Assistance – SCI-II/OACIS**

While the EBT system crosses program lines, there are unique policies and procedures in the Food Assistance Program that are discussed below.

#### **8.3.1 Expedited Services**

Special provisions for quicker card issuance have been made for new expedited service cases. If a new expedited service case is approved before 11:30 a.m., an EBT card will be mailed on the same date. Program modifications made to SCI-II/OACIS determine if a case is picked up at 11:30 a.m. for quick card service.

#### **8.3.2 Group Homes**

The County Office must conduct periodic random on-site visits at the drug/alcohol treatment centers, group living arrangements, and nonprofit homeless meal providers. The minimum requirement for on-site visits is semi-annually. The purpose of these visits is to compare what the center has reported concerning residents to the Food Assistance Office with the center's actual EBT records. These providers may contact FNS to become authorized as retailers if they are not already certified as such. Once certified as a retailer, a POS device may be installed at the facility for SNAP clients to pay for meals provided. This method transfers SNAP benefits to the provider's financial account, thus allowing them to purchase food for meal preparation. If the provider does not choose to have a POS device installed at the facility, then the EBT card for each client must be taken to the store to make a food purchase for meal preparation. This means that a single purchase of food requires the provider to swipe the EBT card and enter a PIN at the store check-out for each SNAP client at the center. Cards for authorized representatives and



POS equipment must be maintained in a secure place by the facilities. Guidelines for Group Homes and Drug/Alcohol Treatment Centers are found in the Appendix B of this Manual. The County is responsible for providing new facilities with a copy of the guidelines and reviewing the forms when periodic on-site visits are made.

### 8.3.3 Benefit Availability Schedules

Benefits will be available for SNAP clients at 5:00 a.m. CST on the calendar issuance day scheduled below:

Last two digits of FS case #	Calendar Issuance Day
00-04	4th
05-09	5th
10-14	6th
15-19	7th
20-24	8th
25-29	9th
30-34	10th
35-39	11th
40-44	12th
45-49	13th
50-54	14th
55-59	15th
60-64	16th
65-69	17th
70-74	18th
75-79	19th
80-84	20th
85-89	21st
90-94	22nd
95-99	23rd

### Special Issuance Provisions for Resident of Drug and Alcohol Treatment Centers

One half of the regular monthly allotment will be posted to the EBT account as available on the 4<sup>th</sup> of the month. The remaining one-half of the allotment will be posted to the EBT account as available on the 16<sup>th</sup> of the month.

### 8.3.4 EBT Expunged or Aged Benefit Accounts

Beginning October 1, 2008, benefits can no longer be “aged off” or taken “off-line” if not accessed in 90 days or more, they will be expunged if not accessed in 9 months. When the EBT benefits are not accessed by the client for 8 months, an automated notice will be sent to the client informing him/her that if benefits in the SNAP account are not accessed within the next 30 days, the benefits will no longer be available. Benefits that are not

accessed for 274 days or more are expunged by the EBT Contractor. The Contractor processes its system each day of the month. The expunged benefit file is created and forwarded to the State for processing. The expunged benefit file is an overnight batch process.

### **Early Expungement**

SNAP cases that are terminated using the “7” transaction code and closure code of “44” (Death of All Household Members) will have all of their SNAP benefits immediately expunged early. Each day, the State will send the EBT Contractor a file containing the EBT Account Numbers of SNAP households which have had their case terminated due to “Death of all Household Members”. The EBT Contractor will process this file which will result in the household’s EBT account being closed, the card cancelled, and all SNAP benefits on the EBT account immediately expunged. Please note that Early Expungement does not apply to FA households.

### **8.3.5 Cancellation of Benefits Prior to Availability Date**

Monthly benefits are posted as part of the end-of-month processing. Once the month’s benefits have been added, the household is entitled to that month’s benefits. Since benefits are not available until the 4<sup>th</sup> of the month or later, benefits may be canceled in some situations. One example is an initial application that is due on the last day of the month that has variable issuance for the second month that results in a decrease in benefits. In this situation, the EW does not have the opportunity to make the change before the second month’s issuance occurs. Therefore, benefits may be canceled so that a change can be processed prior to the household’s scheduled issuance. Remember that the current month’s benefits can be canceled only if the cancellation is made at least two days prior to the availability date. If the second month’s benefits will be higher, authorization of a PSD-BFA-1218 to supplement current month’s allotment continues to be a valid action.

### **8.3.6 The Head of the Food Assistance Household Dies and There Are Remaining Benefits in the EBT Account**

If the head of a SNAP household dies and there are EBT benefits in the account, Any responsible household member or AR can access the benefits if they have the EBT card. If the responsible household member or AR does not have an EBT card, the EW should complete and send the DHR-EBT-1961 (copy located in Appendix A) to obtain a card for the household. When the head of the household dies and there is no AR or responsible household member (children or disabled member), the EW should update SCI-II/OACIS by entering an AR (name of caretaker) and the AR’s address so an EBT card can be mailed to the AR’s address.

The EW and County Supervisor will complete part A of the form DHR-EBT-1961. This form is to be used only in the above scenarios or when instructed to do so by the Food Assistance Division. The form should then be emailed to the EBT Helpdesk at

DHR\_EBT. After being processed by the EBT staff, they will complete part B, and the form will be emailed back to the requester. The forms can be found by visiting iDHR and may be duplicated, and the completed form(s) should be filed in the Program Supervisor's office in a secure manner (under lock and key) as with other confidential material. At the end of 90 days, the completed/transacted forms should be disposed of in the same manner as other confidential material. Parts D (see subsection 8.4.11 for instructions) and E of this form are never to be used by Food Assistance workers or supervisors.

### 8.3.7 Security for Cards for the Homeless

EBT cards for homeless households will be mailed directly to them if they have an address considered deliverable by the Postal Service. If the household does not have such an address, the address of the county office may be used. Do not have cards mailed to the county office for any other type of household. When the county office address is used, certain security procedures must be followed in order to reduce the risk of liability for the cards. The county must take every precaution to ensure the cards are secure at all times. **An EBT coordinator or his/her back up person must perform the duties outlined below. The supervisor will inventory and validate destruction monthly. This requires each office in the county to designate an EBT coordinator to be responsible for these EBT activities.**

The County EBT Card Log (DHR-FAD-1937, see Appendix A) shall be used as the official audit trail to record the receipt of the EBT card by the county office. The report also records the issuance of the card to the client or the destruction of the unclaimed cards. Counties that do not receive cards for homeless households do not need to initiate these inventory procedures until such time that receipt begins to occur.

- A. Upon receipt of the card in the office, the EBT coordinator will record each item separately on the log. The coordinator will enter the client's name, case number, date EBT card received, and initial the entry in the space provided to acknowledge the receipt into inventory.
- B. Place the card in a safe, or other secure storage, until the addressee picks the cards up. The cards should remain in secure storage until issued to the appropriate client or destroyed as part of the monthly inventory process.
- C. When the addressee comes to the office to pick up his/her card, the EBT coordinator should review some form of identification to validate the identity of the client before releasing the card. The coordinator should enter the date of issuance, check off that identification was seen, and have the client sign the log to acknowledge receipt. The EBT coordinator will also initial the space provided to confirm the card was issued.

**NOTE:** The EBT Card is not active when received by the county office. The card must be activated by the client before use.

- D. Between the first and fifth workday of the month, the supervisor and the EBT coordinator will conduct a joint inventory of the EBT cards on hand. Cards that have remained in inventory for at least one calendar month will be destroyed at the time this inventory is conducted. The supervisor and the EBT coordinator will jointly document the destruction of individual cards according to the instructions for the log. The balance of cards that must remain in inventory will be shown as the **ENDING INVENTORY** on the last page of the log started during the prior month. In addition, the date this ending inventory is established will be shown as the **Ending Date** on the first page of that same log. At the same time, a new log will be started for the current month and dated as starting the same day. The **ENDING INVENTORY** balance of cards will be posted to the new log as the **BEGINNING INVENTORY** balance and the remainder of that line will be completed according to the instructions for the log. If there is a zero balance of cards in an ending inventory, a new log does not need to be initiated. A new log will not need to be initiated until the day there is further receipt of a card.

If a client comes into the office to obtain a card after destruction has occurred, the client will be advised to the call 1-800-Customer Service Number to request another card.

- E. The preceding instructions for EBT card destruction should be applied to any cards that are returned to County Food Assistance Offices.

### 8.3.8 When Clients Move Out of the State of Alabama

If a client moves from Alabama to anywhere within the USA, he/she will be able to use his/her Alabama EBT card to access the remaining SNAP benefits in his/her Alabama EBT account. The Benefit Conversion Request form is obsolete. If the client contacts the caseworker and states he/she can not use his/her EBT card, the caseworker may use the following suggestions to assist the client:

1. Ensure that the EBT card being used is the correct one by verifying the EBT card number. Go to the Client Card History screen on the EBT Administrative Terminal to view the most recent card information.
2. Ensure that the client has activated the EBT card. This can also be checked by going to the Client Card History screen on the EBT Administrative Terminal.
3. Ensure that the PIN is correct. **Do not ask the client to give you his/her PIN because the PIN should be known only by the client, it is their secret number.** On the EBT Administrative Terminal, the card screen will show the PIN failure if the client used the correct EBT card.
4. Ask the client if he/she has recently successfully used the EBT card at a large chain store, like Wal-Mart, in that same state? If the client's response is yes, the problem may be the retailer's equipment and the caseworker may wish to instruct the client to go to a large chain store to use their EBT card.

5. The client should be instructed to call the 1-800 EBT Customer Service hotline number to request a replacement EBT card if numbers 1, 2 and 3 above are accurate and the card could not be successfully used at a large chain store.

**NOTE: Alabama does not issue coupons to any household. The 2008 Farm Bill, Section 4115 de-obligates coupons as legal tender one year after enactment of the Act.**

### **8.3.9 Forms For EBT**

Refer to Appendix A.

## **8.4 Family Assistance – FACETS**

The issuance of EBT cards for Family Assistance is an automatic process handled by FACETS. Policy and procedures unique to FACETS are discussed below.

### **8.4.1 Who will get an EBT card?**

The case head on FACETS will receive the EBT card. The card may contain TANF benefits only or TANF and SNAP benefits.

## **Case Scenarios**

As the issuance of EBT cards can be confusing in household or family units in which different members receive benefits from various programs, the following case scenarios are presented. Keep in mind that the same individuals who are issued SNAP benefits or to whom the TANF benefits are paid, will be the same individuals who receives the EBT cards.

### **Example 1**

#### Household Members

Ms. M (Case Head for TANF)

Ms. M. issued 1 EBT Card for TANF

### **Example 2**

#### Household Members

Mr. S (Case Head for TANF and SNAP)  
TANF Child

Mr. S issued 1 EBT card for TANF and SNAP

### **Example 3**

#### Household Members

Ms. L (Case Head for SNAP)

Ms. L issued 1 EBT card for SNAP and both

Unit Head #1 for TANF                      TANF benefits  
TANF child

Ms. L's Sister (Unit Head #2 for TANF)  
TANF Child

#### **Example 4**

##### Household Members

Ms. X (Case Head for SNAP,	Ms. X issued 1 EBT card for SNAP and
Case Head for TANF)	TANF

TANF Child

Ms. H (Authorized Representative)	Ms. H issued 1 EBT card for SNAP only
Does not live in the household	

#### **8.4.2 EBT Account Numbers**

The EBT account is assigned at the point of award for all cases on FACETS. The EBT account number is assigned to the case head, and that EBT account number belongs to that individual regardless of county location in the State of Alabama. The same is true for benefits authorized and sent to the EBT account; the benefits are “owned” by the case head.

#### **8.4.3 Procedures for EBT Account Assignment**

This subsection provides specific information concerning EBT account number search and assignment for FACETS cases.

##### **Procedures for Initial EBT Account Number Search – EBT Account Indicator**

All active cases on FACETS (except SUP) must have an EBT (Electronic Benefit Transfer) account number assigned to the case head. All TANF and SNAP benefits (SUP is not included) received by the case head will be posted to the EBT account. A code of Y, N, M, or P will appear in the EBT ACCOUNT INDICATOR field on ZC09.

The **Y** code means the case head has an EBT account and there is an exact match of the case head's SSN, last name and date of birth. When a **Y** code appears, if benefits are authorized from ZE02 SPECIAL PAYMENTS screen or ZC58 CERTIFICATION DISPOSITION, FACETS will attach the case to the existing account and benefits will be posted to it.

An indicator of **N** means no existing account was found for the case head. FACETS will assign a new EBT account to the case if benefits are authorized.

A **P** indicator means that a partial match was found based on SSN or last name and date of birth. **M** indicates multiple accounts were found based on SSN or last name, date of birth or both. **P** and **M** EBT account indicator codes on ZC09 should be an indication to the worker that resolution by the worker may possibly be required, including discussion with the client and/or correction of client demographics, prior to authorizing benefits.

### Inquiry for EBT Account Number on FACETS

From ZC88 EBT ACCOUNT NUMBER SEARCH/ASSIGNMENT screen, press PF7 (EBT Inquiry) to access PSEBM05 ACCOUNT NUMBER LIST screen.

PSEBM05	ELECTRONIC BENEFITS TRANSFER SYSTEM	06/10/2003
PAGE: 01	ACCOUNT NUMBER LIST	11:33:57
SSN: 888999777 NAME: JANE JONES DOB: 1958-01-01		
SEL	NAME	DOB SSN
-	JANE JONES	1958-01-01 888999777
PA CASE: 0000583144		
PF1 - RETURN PF7 - PAGE BACK PF8 - PAGE FWD		

If multiple or partial matches are found, the name, date of birth, SSN and the SNAP and/or TANF case number of each match will be displayed. The FACETS internal ID will be listed as the TANF case number for any case open on FACETS. The user may view detailed case information contained in the EBT system by entering a **V** in the SEL field by the name and pressing ENTER. This accesses PSEBM06 EBT ACCOUNT NUMBER DETAIL screen for discussion with the client. The Account Number Detail List and Account Number Detail screens are also discussed in Chapter 3, Section 3.2.

PSEBM06	ELECTRONIC BENEFITS TRANSFER SYSTEM	06/12/2003
ACCOUNT NUMBER DETAIL		15:56:17
CLIENT SSN: 888999777 DOB: 1958-01-01		
NAME	CLIENT TYPE	LANG IND CARD ISSUED CARD REQUESTED
JANE JONES	P	E N
ADDRESS:		
TEST		
TEST	AL 45454-5454	
ASSOCIATED INFO:		ACCOUNT ISSUANCE INFO
CASE	OFFICE	AGENCY: ALDHRB DATE: 2003-06-10
FS:		CASE: 0000583144
PA: 0000583144 45		WORKER ID: 000000099
WIC:		LOCAL OFFICE: 45
PF1 - RETURN		

## **Assigning an EBT Account Number on FACETS**

Refer to FACETS Certification User Manual Section 3200 for information regarding EBT Account Assignment.

### **8.4.4. Reserved for Future**

### **8.4.5 Reserved for Future Use**

### **8.4.6 Group Homes**

Refer to Section 8.3.

### **8.4.7 Benefit Availability Schedules**

Regular monthly TANF benefits will be available at 5:00 a.m. CST on the 5<sup>th</sup> calendar day of each month. New TANF cases awarded benefits and special payments issued on TANF cases will be available by 5:00 a.m. CST the day after the benefits are authorized.

### **8.4.8 Maintenance/Update of the EBT account**

Maintenance/update of the EBT Account involves reporting changes in the demographic information of the case head such as SSN, name, and date of birth to EBT. Also, changes in address will have to be reported. The worker makes these changes on-line and FACETS transmits them to EBT in a nightly batch process.

### **8.4.9 EBT Accounts with Expunged or Aged Benefits**

FA benefits that have not been accessed by the client for twelve (12) months are automatically expunged (made permanently unavailable) from the client's EBT account. This two-step process involves client notification at 30 days prior to the expunction and the actual expunction that occurs the first of the month after the benefits have not been accessed for twelve months.

#### **EBT Expunction Warning**

Around the 22<sup>nd</sup> of each month, Conduent sends DHR a file of cases that have benefits that have not been accessed within the last 330 days. FACETS sends the affected case(s) a CEXP notice advising the client that benefits that are not used within the next 30 days will be permanently removed (expunged) from the EBT account. The notice also contains the type of benefit, the original availability date, and the amount of the original benefit remaining. The CEXP notice is posted on ZE54 Client Correspondence List. The PSWRB037 EBT Expunction Warning Notification report is sent downline to the



counties around the 22<sup>nd</sup> of each month. It identifies cases that have been sent a CEXP notice.

### **Expunction**

A second file received from EPPIC around the 22<sup>nd</sup> of each month contains cases that have benefits that have not been accessed for 365 days. These benefits will be expunged from the client's EBT account on the first day of the following month. On FACETS screen ZE07 Payment History summary List, the FA benefit warrant prefix will be changed from "EBT30" to "EBT32". The STAT code for the expunged FA benefit will be changed to "EX". The STATUS DATE will be changed to the date the benefit is expunged. The WRRNT/CPN AMOUNT will differ from the original payment amount if the client used part of the benefit.

A monthly report, PSWFR118, "EBT Benefits Expunged From FACETS," lists cases for which benefits have been expunged. The report is produced on the first work day of each month and is available for viewing in the ERD (Electronic Reports Distribution) system.

#### **8.4.10 Reserved for Future Use**

#### **8.4.11 Procedures for Handling Special Circumstances – EBT Account Accessibility Assistance**

In cases where a grantee relative (FA) cannot access EBT benefits due to emergency circumstances such as death, illness, incarceration or other specified circumstances, the following process is necessary in order for the remaining case members to access their benefits.

##### **FA Cases**

Take action to close the absent grantee relative's case and open a new FA case with the temporary grantee for the children as case head on FACETS per Assistance Payments Manual, Section 2415. The temporary grantee will be assigned a new EBT account number if he/she does not already have an EBT account.

If there are benefits remaining in the absent grantee relative's EBT account and the temporary grantee does not have access to the EBT card for that account, complete DHR-EBT-1961 "EBT Account Accessibility Assistance" form and email it to the EBT Helpdesk at DHR\_EBT. Use the EBT Account Accessibility Assistance form to give instructions regarding the need for an EBT card. The supervisor should keep the DHR-EBT-1961 form under lock and key until it is destroyed.

If the absent grantee relative returns and reapplies for assistance, make appropriate changes to the mailing address on FACETS and advise them to call the EBT customer service 1-800 number to activate the new card when it is received.

#### **8.4.12 Security Cards and PINs for the Homeless**

Refer to Section 8.3.

#### **8.4.13 Reserved for Future Use**

#### **8.4.14 Forms**

Refer to Appendix A.

## APPENDIX A

EBT FORMS	PAGE
Laser Notice to Households Regarding Expunged Benefits.....	A-3
EBT Account Adjustments – DHR-FAD-1925 and Instructions for the Form .....	A-4
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## **EBT FORMS**

Several of the forms included in this appendix are for reference only and are not intended to be used as originals. Grammar, spelling errors and obsolete department or program names that were noticed have been corrected. Therefore, the wording may not exactly as it appear in copies of the documents that have already been or that are currently being released to the public. Every effort has been made to maintain the integrity of all forms that contain an official DHR form number (i.e., DHR-FAD-1937) to ensure that they appear as the original forms from which they were drafted. Forms included in this appendix should not be duplicated and used unless clearly specified on the form, in the instructions for the form and/or as per procedures in this manual.

## LASER NOTICE TO HOUSEHOLDS REGARDING EXPUNGED BENEFITS

(County) DHR  
County Address  
(County) City/State & Zip Code

SEAL

DATE	FOOD ASSISTANCE CASE NO.	PA CASE NO.	WORKER NO.	GEO/ADMN
------	--------------------------	-------------	------------	----------

Client Name  
Client Address  
City, State & Zip Code

## NOTICE ABOUT YOUR EBT BENEFITS

There are benefits in your EBT account that have not been used in the past eight (8) months. If you have not used your EBT account within the next 30 days, the benefits that are 9 months old will be permanently removed from your account and you will no longer be able to use them. We encourage you to use these benefits. Code of Federal Regulations 7 CFR 274.2 (b)(2).

You or your authorized representative may contact the office below if you have questions about this notice.

### ADDRESS OF THE LOCAL FOOD ASSISTANCE OFFICE

(Use address table to pull in address of county  
office based on Geo/Admn code)

STATE OF ALABAMA  
DEPARTMENT OF HUMAN RESOURCES  
ELECTRONIC BENEFITS TRANSFER  
EBT Account Adjustments

NAME: \_\_\_\_\_ CASE NO. \_\_\_\_\_ PSD FILE NO. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Family Assist. \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ Food Stamps \_\_\_\_\_  
WORKER AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_ WORKER SSN \_\_\_\_\_  
SUPERVISOR AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR SSN \_\_\_\_\_

TO BE ENTERED ON SCI-II PF 19--ISSUANCE CORRECTION  
Submit form to DMU to have Food Stamp Benefits Reactivated or Canceled  
STATE ISSUE ID REASON FOR THIS ACTION

SELECTION INDICATOR	DATE ISSUED	STATE ISSUE ID	REASON FOR THIS ACTION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

TO BE ENTERED ON PARS--1322 UPDATE SCREEN  
Submit form to DMU For FA Holds

WORKER INITIATED HOLD

1. Hold for month of \_\_\_\_\_ ID No. \_\_\_\_\_ Reason \_\_\_\_\_  
2. Delete Hold for month of \_\_\_\_\_ ID No. \_\_\_\_\_ Reason \_\_\_\_\_

ORDER OF RELEASE

1. Supervisory override--Issue for month of \_\_\_\_\_ Reason \_\_\_\_\_

TO BE ENTERED ON PARS-PAM 1, SELECTION X  
Submit form to DMU to Cancel or Reactivate FA-EBT Funds

1. Authorization No. _____	4. Corrective Action-- / / VO-Cancel Benefits; / / RE-Reissue \$ _____ Aged Benefits to EBT
2. Corrective Action Date _____	Held benefits after EBT Aged Off-Line: / / IS-Issue \$ _____ to EBT;
3. Reason for this Action _____	Issue Check: / / NA-Mail \$ _____ check to address below
	Address: _____

DATA ENTRY RESULTS

UPDATE SUCCESSFUL \_\_\_\_\_ UNSUCCESSFUL UPDATE \_\_\_\_\_ ERROR MESSAGE \_\_\_\_\_

REASON: \_\_\_\_\_

DMU Signature \_\_\_\_\_ Date \_\_\_\_\_ DMU SSN: \_\_\_\_\_

**OBSOLETE – DO NOT USE**

**EBT Account Accessibility Assistance**

**TO:** Office of EBT  
State Department of Human Resources  
(334) 353-1177--FAX Number

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
County Department of Human Resources  
Fax Number \_\_\_\_\_  
Worker's Name \_\_\_\_\_  
Worker's Phone Number \_\_\_\_\_

**(Please Print)**

**RE:** FA Case Number \_\_\_\_\_  
FS Case Number \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_  
Cardholder's DOB \_\_\_\_\_

**A. To Be Completed By County Staff**

The above named individual is deceased or otherwise not available (as defined in Chapter 8, subsections 8.3.6 and 8.4.11 of the EBT Manual) to access EBT benefits. The remaining case members, in order to access food stamp and/or family assistance benefits that have been authorized, need assistance in obtaining:

\_\_\_\_\_ EBT Card  
\_\_\_\_\_ PIN Select Access Number  
\_\_\_\_\_ Both

1. There is a responsible adult in this food stamp case, but no authorized representative. I authorize the Alabama EBT Project to have an EBT card issued and/or obtain a PIN select access number as noted above.

Worker's Signature \_\_\_\_\_ Supervisor's Approval \_\_\_\_\_

2. Emergency arrangements have been made for the child(ren) in the FA case due to death, incarceration or other specified circumstance of the grantee relative. I authorize the Alabama EBT Project to have an EBT card issued and/or obtain a PIN select access number as noted above.

Worker's Signature \_\_\_\_\_ Supervisor's Approval \_\_\_\_\_

3. Circumstances in A1 and A2 are applicable. I authorize the Alabama EBT Project to have an EBT card issued and/or obtain a PIN select access number as noted above.

Worker's Signature \_\_\_\_\_ Supervisor's Approval \_\_\_\_\_

**B. To Be Completed By EBT Project Staff**

Date Card Stated for Reissue \_\_\_\_\_  
PIN Select Access Number \_\_\_\_\_  
Signature of EBT Project Member \_\_\_\_\_

**C. To Be Completed By County Staff**

Date PIN Select Access Number Furnished to Client: \_\_\_\_\_  
Client's Signature \_\_\_\_\_  
Worker's Signature \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

**D. To Be Completed By County Staff**

Date \_\_\_\_\_  
The temporary EBT Card needs to be stated due to return of Grantee to the home.  
Worker's Signature \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_

**E. To Be Completed By EBT Project Staff**

\_\_\_\_\_ As requested in section D the Cardholder's EBT card has been stated this date \_\_\_\_\_.  
\_\_\_\_\_ Card has not been stated because new card requested since date in D above.  
Signature of EBT Project Member \_\_\_\_\_ Date \_\_\_\_\_

## Page \_\_\_ of \_\_\_ pages

Year

**EBT CARD RELEASE/DESTRUCTION INFORMATION**

Complete this section when an EBT card received in the county office is being released to a client or destroyed by county office staff.

[illegible]

\* The county office should not accept any EBT cards brought into the office by a client indicating they no longer wish to participate in the Food Assistance Program. These clients should be instructed to destroy the cards themselves. Also, if an individual brings an EBT card into the office indicating they have found a lost card, that individual should be instructed to mail the card to the address on the back of the card.

DHR-FAD-1937 (Revised 10/19)



## INSTRUCTIONS FOR COUNTY EBT CARD LOG, DHR-FAD-1937

**Page of Pages** – Number each page of the log in sequential order. Enter the total number of pages the log contains at the end of the month.

**County** – Enter the county name.

**Office Code** – Enter the office code.

**Beginning Inventory** – Any cards from the previous month's log that have not been released to the client or destroyed by the county should be carried over to current month's log.

**Client Name** – Enter the client's name as it appears on the card.

**Case Number** – Enter the client's case number.

**Date EBT Card Received** – Enter the date the card is received in the county office.

**FA Staff Receiving EBT Card Initials** – The county FA Staff that is receiving the card enters his/her initials to acknowledge the receipt and the placement into inventory of each card. The FA staff also initials this block as part of the joint validation of beginning and ending inventories.

**Client Signature** – The client must sign the log to acknowledge receipt of the card.

**Date Card is Released to Client** – Enter the date the card is subsequently issued to the client.

**Date Card is Destroyed by FA Staff** – When not issued to the client after 90 days, enter the date the card was destroyed.

**FA Staff Releasing/Destroying EBT Card Initials** – The county FA Staff that is releasing the card to the client or destroying the card should enter his/her initials.

**Type of ID Used for Verification** – Enter the type of ID used to verify client's identity.

**Supervisor's Initials** – When a card is issued to the client or destroyed by the county, the supervisor's initials must be entered to provide two-party confirmation that the card was removed from inventory.

**Affidavit of Destruction** – At end of the month, county FA staff should review the card inventory and card log. Any cards that have remained in inventory 90 days or more should be destroyed and documented on the Affidavit of Destruction, Form DHR-FAD-1938. The Affidavit of Destruction should be submitted to the Office of EBT and Contracts monthly.

**Ending Inventory** – Any cards leftover from the current month's log that should be carried over as Beginning Inventory to the beginning of the next month's log.

**Retention** – Keep prior months logs with the current month's log until all cards on a month's log are either properly issued or destroyed. Then keep the original copy of each completed log in the office filed by month. These forms must be kept for the current fiscal year plus 3 years for audit purposes.

**\* The county office should not accept any EBT cards brought into the office by a client indicating they no longer wish to participate in the Food Assistance Program. These clients should be instructed to destroy the cards themselves. Also, if an individual brings an EBT card into the office indicating they have found a lost card, that individual should be instructed to mail the card to the address on the back of the card.**

**AFFIDAVIT OF DESTRUCTION  
FOR  
EBT CARD**

Month \_\_\_\_\_ County Office \_\_\_\_\_

Client Name	Case Number	Card	Damaged	Failed to Claim
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>TOTAL:</b>				

**Certification:** I certify that the information reported on this form is accurate.

**Reporting Witness No. 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature and Title)

**Reporting Witness No. 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature and Title)

**Destruction Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature and Title)

**Destruction Point Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature and Title)

**DHR-FAD-1938**

## INSTRUCTIONS FOR AFFIDAVIT OF DESTRUCTION FOR EBT CARDS, DHR-FAD-1938

**Month** – Enter the month of destruction.

**County Office** – Enter the name of the Facility for the point of destruction listed on the form.

**Client Name** – Enter the name of the client as it appears on the EBT card.

**Case Number**- Enter the EBT card number if the SNAP Case Number is not known.

**Card** – Place a check mark in column “Card” if the EBT card is being destroyed.

**Damaged** – Place a check mark in this column if the reason for destruction is due to the EBT card being damaged in the mailing process.

**Failed to Claim** – Place a check mark in this column if the reason for destruction is due to the client’s failure to claim the card at departure from the facility

**Total** – Total each column

**Reporting witness (1 & 2)** – Enter the signature and title of the person for the security and storage of cards and a witness. Date the form validating the report at its point of origin.

**Destruction Point Witness and Official** – Enter the signature and title of the witness and official witnessing the destruction of the EBT card(s) and the date.

**Distribution** – Keep the original copy in the Facility filed by month and send a copy to the Local County Department of Human Resources. This form must be retained for the current fiscal year plus 3 additional years for audit purposes.

**\*\*\*Duplicate as needed.**

## BENEFIT CONVERSION REQUEST

DATE: \_\_\_\_\_

TO: Office of EBT  
FAX: 334-242-0220

PLEASE PRINT THE INFORMATION

FROM: \_\_\_\_\_ County Department of Human Resources  
FAX: \_\_\_\_\_  
PHONE: \_\_\_\_\_

FS CASE NUMBER \_\_\_\_\_  
CASE NAME \_\_\_\_\_  
OLD ADDRESS \_\_\_\_\_

NUMBER IN HOUSEHOLD \_\_\_\_\_  
CASE TYPE \_\_\_\_\_ (PA, NPA)

ADDRESS TO WHICH HOUSEHOLD IS MOVING: (PLEASE PRINT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BENEFIT AVAILABILITY DATE: \_\_\_\_\_  
DATE OF MOVE: \_\_\_\_\_

I hereby authorize the above conversion.

\_\_\_\_\_  
Worker Supervisor

Conversion Completed.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

DHR-EBT-1939 (1-99)

*OBSOLETE - DO NOT USE*

ALABAMA DEPARTMENT OF HUMAN RESOURCES

**EBT ADJUSTMENT NOTICE**

\_\_\_\_\_  
(date)

(name) \_\_\_\_\_ Food Stamp Case Number: \_\_\_\_\_  
(address) \_\_\_\_\_ EBT Card Number: 507680 \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_

On \_\_\_\_\_ (date), you (or your authorized representative) purchased food using your Food Stamp EBT card. The purchase was made at:

Store \_\_\_\_\_  
Location \_\_\_\_\_  
Amount \$ \_\_\_\_\_

According to EBT records, a computer error occurred and the amount of the purchase was not taken from your account. Therefore, the above merchant was not paid for the purchase.

In order to correct this error, \$ \_\_\_\_\_ will be taken from your EBT account and will be paid to the merchant. If the total amount owed to the store is not available in your account, the remaining amount will be taken from your next month's food stamp benefits. If you have any questions concerning this adjustment, you may call the Client Help Desk at 1-800-997-8888.

If you feel this action is incorrect, you have the right to request a fair hearing within 90 days of the date of this notice by contacting your local Food Stamp Office or the Food Stamp Partnership at 334-242-1700. If you request a fair hearing within 10 days of the date of this notice, your benefits will not be taken from your account. If, however, the hearing decision is not in your favor, or if you withdraw your hearing request, the amount of the purchase will be taken from your account and paid to the merchant.

Before you decide to request a fair hearing, you should check the receipt for this purchase and obtain a history of your EBT transactions. You may get a history free of charge by calling 1-800-997-8888. If you decide to request a fair hearing, please bring these documents with you to the hearing. If the purchase was made by your authorized representative, you may want this person to accompany you at the hearing.

***OBSOLETE – DO NOT USE***



**EPPIC EBT**  
**User ID Request Form**  
**For Alabama EBT Administrative Terminal Access**

User ID:	Date Added:
<i>(For State Office Use Only)</i>	

County Office\_\_\_\_\_

First Name\_\_\_\_\_ M.I.\_\_\_\_\_ Last Name\_\_\_\_\_

DHR Email Address\_\_\_\_\_

Telephone Number\_\_(\_\_\_\_\_)\_\_\_\_\_

The user agrees to the following:

- To maintain the confidentiality of the User ID and Password.
- To use the User ID and Password only in the execution of the employee's position for State of Alabama, Department of Human Resources.
- To report to the Office of EBT, any suspected tampering or unauthorized use of the assigned User ID and Password.
- Upon a change that terminates the user's need for the User ID, to request the immediate deletion of that User ID.
- To understand that the misuse of Conduent's EPPIC Administrative Terminal software violates Federal copyright laws and Conduent's licensing agreements.
- To understand that any alleged misuse of the assigned User ID, Password or Conduent EPPIC Web Administrative Terminal software will be reviewed by Conduent and the State of Alabama, Department of Human Resources. The prevailing contract between the State of Alabama, Department of Human Resources and Conduent will determine the course of action to be taken.

User Signature:\_\_\_\_\_

Date:\_\_\_\_\_

User Supervisor Signature:\_\_\_\_\_

Date:\_\_\_\_\_

County Director Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**Scan and email the completed form to the EBT Helpdesk at DHR\_EBT**

## APPENDIX B

	PAGE
<b>GROUP HOME MATERIAL</b>	
EBT Guidelines for Group Homes.....	B-3
Authorized Representative EBT Card Log for Group Homes and Instructions for the Log.....	B-4
Monthly Summary of Authorized Representative EBT Card Log for Group Homes.....	B-6
Affidavit of Destruction for EBT Card – DHR-FAD-1938 and Instructions for the Affidavit.....	B-7



## **GROUP HOME MATERIAL**

This appendix is included to provide readily accessible information to county staff when they are seeking to provide assistance to group homes. The material included may be provided and explained to group home representatives during the initial interview process. Be reminded that the material in this appendix only addresses the EBT aspects of SNAP. See the Points of Eligibility Procedure Manual for additional information concerning group homes.

## **EBT GUIDELINES FOR GROUP HOMES**

### **1. INTRODUCTION**

This document is provided to Group Homes, Drug/Alcohol Treatment Centers and other similar type facilities in Alabama that use the EBT system. The purpose of the document is to assist you with appropriate security and management of EBT cards of SNAP households living in your facility.

### **2. SECURITY OF CARDS AND EBT DEVICES**

The Facility is responsible for ensuring that EBT cards and POS devices are secured under lock and key. This action should prevent unauthorized/fraudulent use of the EBT card. Access to the EBT cards must be restricted to a limited number of people. Those persons that do have access should keep accurate records documenting the card transaction activities.

### **3. MANAGEMENT OF EBT CARDS**

The Facility is responsible for good business management practices related to the protection and use of EBT cards and devices. Accurate records of card transactions, completing required logs, and monthly summary forms are the responsibility of the Facility. These records should be maintained on site and made available for review by County DHR employees and State and Federal auditors.

The Facility must complete and keep a log of EBT cards. These logs are required to be kept for the current fiscal year plus three additional years. The Group Home Authorized Representative EBT Card Log form is to be completed each month listing all EBT cards in its' possession. The person responsible for completing the log can not be the same person that is responsible for swiping the EBT card to reduce the benefit amount in the account.

In accordance with SNAP Policy (Points of Eligibility Manual, Chapter 11, Section 1104 and 1105, published by the Department of Human Resources, Food Assistance Program), if the resident leaves prior to the 16<sup>th</sup> and benefits have been issued and any portion used, the resident is entitled to a refund of one-half of his allotment. If the resident leaves on or after the 16<sup>th</sup> and any benefits used, the resident is not entitled to a refund of any benefits for the month. The Facility is required to return the EBT card to the client when they leave. EBT cards inadvertently retained and all AR cards should be destroyed immediately. An Affidavit of Destruction form (DHR-FAD-1938) should be completed immediately. A copy of this form and instructions are attached. Duplicate as needed. It is necessary to enforce strict security to protect the SNAP participant's EBT account.

**GROUP HOME**  
**AUTHORIZED REPRESENTATIVE EBT CARD LOG**

[illegible]

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR GROUP HOME  
AUTHORIZED REPRESENTATIVE EBT CARD LOG**

1. **Date Received** – Enter the date the EBT card is received by the Group Home/Facility. Certain Facilities may have the Client's EBT card and an AR card. In this situation, both cards must be listed on the log.
2. **Client's Signature** – The client's signature is required to acknowledge that the Group Home/Facility has possession of the AR EBT card (and the client's card if applicable) and access to SNAP benefits.
3. **Card Number** – Enter the number of the EBT card(s).
4. **Card** – Enter a check mark if the entry on this line is for an EBT card.
5. **Receiver's Signature** – The signature of the person representing the Group Home/Facility that is accepting the Card.
6. **Witness** – The above actions (1-5) must be witnessed by a third party.
7. **Date Returned** – Enter the date that the client leaves the Group Home/Facility and the EBT card is returned to the client.
8. **Client's Signature** – The client's signature is required and is used as the Group Home/Facility's receipt that the EBT card was returned.

This form is to be retained for the current fiscal year plus 3 additional years for audit purposes. County DHR Employees will also review it when completing reviews.

---

**GROUP HOME  
MONTHLY SUMMARY  
OF  
AUTHORIZED REPRESENTATIVE EBT CARD LOG**

Report for \_\_\_\_\_ month, \_\_\_\_\_ year

1. Number of EBT Card(s) on 1<sup>st</sup> day of month \_\_\_\_\_
2. Number of EBT Card(s) received during the month \_\_\_\_\_
3. Number of EBT Card(s) returned during month \_\_\_\_\_
4. Number of EBT Card(s) remaining the last day of month \_\_\_\_\_
5. Number of EBT Card(s) destroyed \_\_\_\_\_

All cards remaining at the end of the month must be transferred to log for the next month. The log should be annotated under "client's signature", "receiver's name and signature" to see log where these items first appeared, i.e., "See June 1999 Log".

**I swear/affirm that the information contained on this report to be true and accurate. The Electronic Benefit Cards (EBT) in the possession of this group home/facility have been secured under lock and key and have been used in accordance with all rules and regulations.**

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Title

\_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date

\_\_\_\_\_ Title

Retain the original for Facility records for current fiscal year plus three years. Send a copy to the Local County Department of Human Resources.

**AFFIDAVIT OF DESTRUCTION  
FOR  
EBT CARD**

Month \_\_\_\_\_ County Office \_\_\_\_\_

Client Name	Case Number	Card	Damaged	Failed to Claim
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTALS:				

**Certification: I certify that the information reported on this form is accurate.**

**Reporting Witness No. 1:** \_\_\_\_\_  
(Signature and Title)

**Date:** \_\_\_\_\_

**Reporting Witness No. 2:** \_\_\_\_\_  
(Signature and Title)

**Date:** \_\_\_\_\_

**Destruction Witness:** \_\_\_\_\_  
(Signature and Title)

**Date:** \_\_\_\_\_

**Destruction Point Official:** \_\_\_\_\_  
(Signature and Title)

**Date:** \_\_\_\_\_

DHR-FAD-1938

**SPECIAL INSTRUCTIONS FOR GROUP HOMES  
FOR  
AFFIDAVIT OF DESTRUCTION FOR EBT CARD**

**Month** – Enter the month of destruction.

**County Office** – Enter the name of the Facility for the point of destruction listed on the form.

**Client Name** – Enter the name of the client as it appears on the EBT card.

**Case Number** – Enter the EBT card number if the SNAP Case Number is not known.

**Card** – Place a check mark in column “Card” if the EBT card is being destroyed.

**Damaged** – Place a check mark in this column if the reason for destruction is due to the EBT card being damaged in the mailing process.

**Failed to Claim** – Place a check mark in this column if the reason for destruction is due to the client’s failure to claim the card at departure from the facility.

**Total** – Total each column.

**Reporting Witness (1 & 2)** – Enter the signature and title of the person responsible for the security and storage of cards and a witness. Date the form validating the report at its point of origin.

**Destruction Point Witness and Official** – Enter the signature and title of the witness and official witnessing the destruction of the EBT card(s) and the date.

**Distribution** – Keep the original copy in the Facility filed by month and send a copy to the Local County Department of Human Resources. This form must be retained for the current fiscal year plus 3 additional years for audit purposes.

## **APPENDIX C**

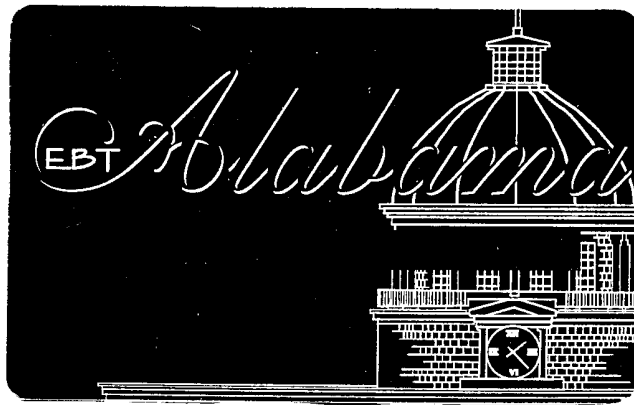
	<b>PAGE</b>
<b>MATERIAL PROVIDED TO CLIENTS BY THE CONTRACTOR</b>	
The EBT Card.....	C-2
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The EBT Card Carrier – Spanish Version.....	C-4
The EBT Card Information Brochure – English Version.....	C-5
The EBT Card Information Brochure – Spanish Version.....	C-7



## **MATERIAL PROVIDED TO CLIENTS BY THE CONTRACTOR**

The contractor mails the EBT card, EBT card information, and instructions on how to use the card directly to the client. Printed on the front of the card are Alabama EBT, the 16-digit card number (Primary Account Number – PAN) and the cardholder's name. Located on the back of the card are the merchant assistance telephone number, the magnetic stripe with standard Track II encoding, the client signature line, instructional information which includes where to return the card if found, the QUEST logo, the customer service telephone number, and the website for the Client Portal. Included with the card are the EBT card carrier and the EBT card brochure.

### **The EBT Card**



**CARD FRONT**

## The EBT Card Carrier – English Verson



State of Alabama  
Department of Human Resources  
Box 81129  
Austin, TX 78708-1129

# Here is Your New Alabama EBT Card

### Before using your new Alabama EBT card:

- You must call 1-800-997-8888 to activate your card.
- You must also select your Personal Identification Number (PIN) when you call if this is your first EBT card. Your card cannot be used without a PIN.
- If this is a replacement card, your current PIN will work with this card. At any time, you may call Customer Service to change your PIN.

### Keep your EBT card and PIN safe:

- Memorize your PIN and keep it secret.
- Do not share your PIN with anyone unless you want them to have access to ALL your benefits.
- Do not write your PIN on your card or anything you keep in your wallet or purse.

### Your responsibilities:

- Sign your name in ink on the white stripe on the card back right now.
- Read and keep the brochure, How to Use Your Alabama EBT Card, if included in the envelope.
- Tell your caseworker if you change your address prior to moving.
- To report SNAP fraud visit [www.usda.gov/oig/hotline.htm](http://www.usda.gov/oig/hotline.htm) or call 1-800-421-9121.
- Do not use your EBT card to access Family Assistance Cash benefits at POS machines or ATMs located in liquor, wine or beer stores, gambling establishments, strip clubs, tattoo or body piercing stores or places providing psychic services.

### DO NOT THROW THIS CARD AWAY! IT IS THE ONLY WAY TO GET FOOD ASSISTANCE (SNAP) AND CASH BENEFITS.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 890-7442;
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Keep these instructions for your records

#### Use Your Family Assistance Cash Benefits Wisely

- Treat your Alabama EBT Card the way you treat your cash.
- A transaction fee may be added when you use your card for cash withdrawals at ATMs and POS machines.
- However, if you get cash back at the same time you make a purchase no transaction fee is added.
- A surcharge may also be charged at an ATM.
- Do not buy liquor, wine or beer, tobacco products or lottery tickets.

*You can cancel the transaction if you do not want to pay the surcharge.*

#### Alabama EBT Customer Service:

**1-800-997-8888**

Call 24 hours a day, 7 days a week if:

- Your card is lost, stolen or damaged.
- You forgot your PIN or want a new one.
- Someone is using your card without your okay.
- You have problems with your card.
- You have questions.
- You want to find out your cash or SNAP balance.

Also get your balance at  
**[www.ConnectEBT.com](http://www.ConnectEBT.com)**

#### Where to Use Your Card!

Use your card at ATMs (Family Assistance Cash only) and/or POS machines with the Quest® sign. Find them at grocery and convenience stores, gas stations, malls, banks, or any location not prohibited where you see an ATM or POS with the Quest® sign.



#### Food Assistance (SNAP)

If the last 2 digits of your Case Number end in:

00 through 04	4th
05 through 09	5th
10 through 14	6th
15 through 19	7th
20 through 24	8th
25 through 29	9th
30 through 34	10th
35 through 39	11th
40 through 44	12th
45 through 49	13th
50 through 54	14th
55 through 59	15th
60 through 64	16th
65 through 69	17th
70 through 74	18th
75 through 79	19th
80 through 84	20th
85 through 89	21st
90 through 94	22nd
95 through 99	23rd

Family Assistance Cash benefits are available after 5:00 AM on the 5th of each month.

05960ALE-CC-009

## The EBT Card Carrier – Spanish Version



State of Alabama  
Department of Human Resources  
Box 81129  
Austin, TX 78708-1129

# Aquí tiene su nueva tarjeta EBT de Alabama

### Antes de usar la nueva tarjeta EBT de Alabama:

- Debe llamar al 1-800-997-8888 para activar la tarjeta.
- También debe seleccionar el Número de identificación personal (PIN) cuando llama si esta es su primera tarjeta EBT. La tarjeta no se puede usar sin un PIN.
- Si esta es una tarjeta de reemplazo, el PIN actual funcionará con esta tarjeta. En cualquier momento, puede llamar al Servicio de atención al cliente para cambiar su PIN.

### Mantenga la tarjeta EBT y el PIN seguros:

- Memorice su PIN y no lo divulgue.
- No comparta su PIN con nadie a menos que desee que ellos tengan acceso a TODOS sus beneficios.
- No escriba el PIN en la tarjeta ni en nada que lleve en su cartera o billetera.

### Sus responsabilidades:

- Firme ahora mismo con un bolígrafo en la banda blanca en el dorso de la tarjeta.
- Lea y guarde el folleto, Cómo usar la tarjeta EBT de Alabama, si se incluye en el sobre.
- Avise al asistente social si cambia su dirección antes de mudarse.
- Para informar un fraude de SNAP, visite [www.usda.gov/oig/hotline.htm](http://www.usda.gov/oig/hotline.htm) o llame al 1-800-421-9121.
- No está permitido usar la tarjeta EBT para acceder a los beneficios de Dinero de Asistencia Familiar desde las máquinas POS ubicadas en licorerías, tiendas de venta de vino o cerveza, establecimientos de juegos de azar, locales de strip tease, tiendas de body piercing o tatuajes, o lugares donde se ofrecen servicios psíquicos.

### ¡NO DESPERDICIE ESTA TARJETA!

### ES LA ÚNICA FORMA DE OBTENER LOS BENEFICIOS DE DINERO Y DE ASISTENCIA ALIMENTARIA (SNAP).

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que requieran medios alternativos de comunicación para la información del programa (p. ej., Braille, letra grande, cinta de audio, Lenguaje Americano de Señas, etc.), deben ponerse en contacto con el organismo (estatal o local) donde solicitaron los beneficios. Las personas sordas, con problemas de audición o que tienen discapacidades del habla, pueden comunicarse con el USDA a través del Servicio de Retransmisión Federal al (800) 877-8339. Además, la información del programa puede estar disponible en otros idiomas aparte del inglés.

Para presentar una queja del programa relativa a discriminación, llene el Formulario de Queja por Discriminación de Programas del USDA (USDA Program Discrimination Complaint Form, AD-3027), que se encuentra en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), y en cualquier oficina del USDA, o escriba una carta dirigida al USDA e incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario lleno o la carta al USDA de una de las siguientes maneras:

- (1) Correo postal: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442;
- (3) Correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Guarde estas instrucciones para su archivo

### Use los beneficios de Dinero de Asistencia Familiar con inteligencia

- Cude su tarjeta EBT de Alabama de la misma manera que lo haría con el dinero en efectivo.
- Se podría agregar una comisión por transacción cuando utiliza la tarjeta para retiros de efectivo en cajeros automáticos y máquinas POS.
- Sin embargo, si extrae efectivo al mismo tiempo que realiza una compra, no se agrega ninguna comisión por transacción.
- También el uso de un cajero automático podría cobrar una comisión.
- No compre licor, cerveza, vino, productos de tabaco o boletos de lotería.

### Puede cancelar la transacción si no desea pagar la comisión.

### Servicio de atención al cliente de EBT de Alabama:

**1-800-997-8888**

¡Llame las 24 horas del día, los 7 días de la semana si:

- Perdió, le robaron o se dañó la tarjeta.
- Olvidó su PIN o desea uno nuevo.
- Alguien está usando su tarjeta sin su aprobación.
- Tiene problemas con su tarjeta.
- Tiene dudas.
- Desea averiguar el saldo de efectivo o SNAP.

**Obtenga también su saldo en  
[www.ConnectEBT.com](http://www.ConnectEBT.com)**

### Dónde puede usar la tarjeta!

Use la tarjeta en cajeros automáticos (Dinero de Asistencia Familiar solamente) o máquinas POS con el logotipo Quest®. Búsquelos en tiendas de comestibles y almacenes, estaciones de servicio, centros comerciales, bancos o en cualquier lugar donde no estén prohibidos y vea un cajero automático o POS con el logotipo Quest®.

Asistencia Alimentaria (SNAP)	
Si los últimos 2 dígitos de su número de caso terminan en:	Si los beneficios SNAP restantes están disponibles después de las 5:00 PM el día que aparece a continuación.
00 a 04	4
05 a 09	5
10 a 14	6
15 a 19	7
20 a 24	8
25 a 29	9
30 a 34	10
35 a 39	11
40 a 44	12
45 a 49	13
50 a 54	14
55 a 59	15
60 a 64	16
65 a 69	17
70 a 74	18
75 a 79	19
80 a 84	20
85 a 89	21
90 a 94	22
95 a 99	23

Los beneficios de Dinero de Asistencia Familiar están disponibles después de las 5:00 AM el día 5 de cada mes.

## The EBT Card Information Brochure – English Version

### What Is A PIN?

- A PIN is your Personal Identification Number. The PIN is four (4) numbers. Every time you use your Alabama EBT card, you must enter your PIN.
- You may change it at any time by calling Customer Service. To select your PIN for the first time, call Customer Service.

### Keep Your PIN Secret

- Do not share your PIN with your caseworker, family members, store clerks or anyone else unless you want them to have access to ALL your benefits.
- Do not write your PIN on your card or on anything you keep in your wallet or purse.
- Immediately call Customer Service to change your PIN if you think someone else knows it.

### How To Protect Your Card

- Do not throw away your card. It is the only way to get your Food Assistance (SNAP) or Family Assistance Cash benefits.
- Do not bend or damage your card.
- Do not use your card as a tool.
- Keep your card dry and away from heat or the sun.
- Keep your card away from sharp objects that could scratch the black stripe on the back.
- Keep your card away from magnets and other electronic devices.
- Keep your card away from children.
- Always quickly put your card away after using it.
- Call Customer Service if your card doesn't work.

### Get Help From Customer Service

Call anytime,  
day or night 24/7  
1-800-997-8888

Also get your balance at:  
[www.ConnectEBT.com](http://www.ConnectEBT.com)

#### Call Customer Service If:

- Your card is lost, stolen, or damaged and no longer works.
- You have forgotten your PIN, or want to change your PIN.
- Someone you don't know has your PIN and may be using your benefits.
- You want to find out your SNAP or Cash balance.

### About Your Alabama EBT

**What Is A PIN?**

A PIN is your Personal Identification Number. The PIN is four (4) numbers. Every time you use your Alabama EBT card, you must enter your PIN.

You may change it at any time by calling Customer Service. To select your PIN for the first time, call Customer Service.

### Keep Your PIN Secret

Do not share your PIN with your caseworker, family members, store clerks or anyone else unless you want them to have access to ALL your benefits.

Do not write your PIN on your card or on anything you keep in your wallet or purse.

Immediately call Customer Service to change your PIN if you think someone else knows it.

### How To Protect Your Card

Do not throw away your card. It is the only way to get your Food Assistance (SNAP) or Family Assistance Cash benefits.

Do not bend or damage your card.

Do not use your card as a tool.

Keep your card dry and away from heat or the sun.

Keep your card away from sharp objects that could scratch the black stripe on the back.

Keep your card away from magnets and other electronic devices.

Keep your card away from children.

Always quickly put your card away after using it.

Call Customer Service if your card doesn't work.

### About Your Alabama EBT

- Misuse of your Alabama EBT card is unlawful. It is a crime to defraud the system or to sell your card and PIN to others.
- Misuse may result in criminal charges being filed against you and your benefits may end.
- Repeated loss of your card may result in a special investigation of your case, or a representative may be assigned to receive your benefits for you.

**WARNINGS:**

- You are not allowed to use your EBT card to access Family Assistance Cash benefits from POS machines or ATMs located in liquor, beer or wine stores, gaming establishments, strip clubs, tattoo or body piercing stores, or places providing psychic services.
- You are not allowed to use your Family Assistance Cash to buy liquor, wine, beer, tobacco products or lottery tickets.

To report SNAP fraud visit [www.usda.gov/ig/hotline.htm](http://www.usda.gov/ig/hotline.htm) or call 1-800-421-9121.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.


To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442;
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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### How to Use Your Alabama EBT Card




[www.ConnectEBT.com](http://www.ConnectEBT.com)

View your account balance and transaction history online.

**Call 1-800-997-8888 (Toll-Free)**  
24 hours a day / 7 days a week  
TTY: 711

### Where to Use Your Card

Use your Alabama EBT card at POS (Point-of-Sale) machines and ATMs that have the Quest® sign.



You can find ATMs and POS machines at grocery and convenience stores, gas stations, malls, banks, and other locations.

### Use Your Card At POS Machines

Use your card at any POS machine with the Quest® sign to:

- Buy food with your SNAP benefits.
- Use your Family Assistance Cash account to buy food or non-food items.
- Get Family Assistance Cash at the same time you buy something (cash back).
- Get Family Assistance Cash from your account without buying something.

#### Know your balance before you start shopping

To check your balance, look at your last receipt, call Customer Service, or go to:

 [www.ConnectEBT.com](http://www.ConnectEBT.com)

#### If The POS Machine Is Not Working...

The clerk will ask you to sign a paper voucher for the amount of food you buy.

The clerk will call to verify the balance on your account, will ask you to sign the voucher, and will give you a copy. Keep the copy for your records.

### How To Make A POS Purchase

1. Tell the clerk you want to use your EBT card.
2. Swipe your card through the POS machine OR hand your card to the clerk. Never tell the clerk your PIN.
3. Select EBT and follow the instructions to make a SNAP or Cash purchase on the POS machine.
4. Enter your PIN.
5. Verify the amount of the purchase and press **ENTER or YES**. (The total will include the amount of cash back, if you requested any.)
  - If the total is wrong, tell the clerk, and don't press any buttons.
6. Check your receipt while still with the clerk.
  - If it is wrong, tell the clerk right away.
7. Keep your receipt so you'll know your balance the next time you shop.

### How To Make A POS Cash Withdrawal

1. Ask the clerk if you can withdraw cash benefits at this store.

2. Swipe your card through the POS machine OR hand your card to the clerk. Never tell the clerk your PIN.

3. Select EBT and follow the instructions to make a Cash withdrawal on the POS machine.

- Ask the clerk if you need help.

4. Enter your PIN.

5. Verify the amount that shows on the POS machine and press **ENTER**.

- If the total is wrong, tell the clerk, and don't press any buttons.

6. Take your card, cash and receipt.

7. Check your receipt while still with the clerk.

- If it is wrong, tell the clerk right away.

8. Keep your receipt so you'll know your balance the next time you shop.

### Use Your Card At ATMs

You CANNOT get cash from your SNAP account!

#### Use Your Card Only In Safe Places

- Have your card ready before going to the ATM.
- Choose an ATM in a well-lit place where you feel safe, such as inside a store or bank.
- Always be aware of the people around you.
- Never use your PIN at an ATM if you think someone is trying to see the PIN you enter.
- Do not count your cash at the ATM. Wait until you are in a safe place.
- Put your card, cash and receipt away quickly

### How To Get Cash From An ATM

1. Insert your card and enter your 4-digit PIN.
2. Select the options for **WITHDRAWAL** from **CHECKING**.

3. Enter the dollar amount you want.

- Most ATMs give only \$20 bills.
- You cannot withdraw more cash than you have in your Cash account.

4. Verify the amount you entered and press

#### **CORRECT.**

- If the amount is wrong, press **CANCEL** and enter the amount again.

5. Watch for a surcharge fee warning message.

- Not all ATMs charge a fee. You can cancel the transaction if you do not want to pay the fee, BUT you won't get any cash.

6. Take your cash and put it in a safe place. Do not count your cash at the ATM.

7. Wait for the receipt and your card. Don't leave the ATM without your card.

8. Keep your receipt so you know how much cash you have left in your account.

- After you are in a safe place, make sure the amount of cash you received matches the receipt. If not, call Customer Service.

### How Transaction Fees Are Charged

There are **NO** fees for SNAP transactions!

These are the charges for using your card to receive Family Assistance Cash benefits.

#### Transaction Fees For Cash Withdrawals

You can make two (2) cash-only withdrawals each month at either an ATM or POS machine and not be charged a transaction fee.

If you make more than 2 cash-only withdrawals in a month, you will be charged \$.85 for each additional withdrawal at either an ATM or POS machine. You will not be charged for unsuccessful transactions.

### ATM Surcharges

In addition to the transaction fee, some ATMs add surcharges to your transaction, even to the first 2 withdrawals in a month.

The ATM will always display a message before adding the surcharge. You can cancel the transaction if you do not want to pay the surcharge. After you are in a safe place, check that the amount of cash you received matches the receipt. If not, call Customer Service.

### Food Assistance (SNAP) Benefits Schedule

If the last 2 digits of your Case Number end in:	Your Monthly SNAP benefits are available after 5 AM on the date below:
00 through 04	4th
05 through 09	5th
10 through 14	6th
15 through 19	7th
20 through 24	8th
25 through 29	9th
30 through 34	10th
35 through 39	11th
40 through 44	12th
45 through 49	13th
50 through 54	14th
55 through 59	15th
60 through 64	16th
65 through 69	17th
70 through 74	18th
75 through 79	19th
80 through 84	20th
85 through 89	21st
90 through 94	22nd
95 through 99	23rd

Family Assistance Cash benefits are available after 5:00 AM on the 5th of each month.

# The EBT Card Information Brochure – Spanish Version

## Cómo usar su tarjeta EBT de Alabama



 [www.ConnectEBT.com](http://www.ConnectEBT.com)

Llame 1-800-997-8888 (línea gratuita)  
Las 24 horas del día / los 7 días de la semana  
TTY: 711

## Dónde usar su tarjeta

Utilice su tarjeta EBT de Alabama en Punto de venta (POS) y cajeros automáticos que tengan el signo Quest®.



Pueden contrar cajeros automáticos y punto de venta en supermercados y tiendas de conveniencia, gasolineras, centros comerciales, bancos y otras ubicaciones.

## Obtener ayuda del servicio de atención al cliente

Llame en cualquier momento,  
de día o de noche 24/7  
1-800-997-8888

**También obtenga su saldo en:**



 [www.ConnectEBT.com](http://www.ConnectEBT.com)

**Llame al Servicio de atención al cliente si:**

- Perdió, le robaron la tarjeta, o La tarjeta se dañó y no funciona más.
- Olvidó su PIN o desea cambiar su PIN.
- Alguien que no conoce tiene su PIN y puede estar usar sus beneficios.
- Desea saber los saldos de la cuenta SNAP o de la cuenta de efectivo.

**SU NUEVA TARJETA LLEGARÁ ENTRE 5 Y 7  
DÍAS HÁBILES POR CORREO**

Si detecta un error...

Llame de inmediato al Servicio de atención al cliente si detecta un error. Puede informar un error hasta 90 días después de la fecha de la transacción.

**Para comprobar su saldo en línea...**

visite [www.ConnectEBT.com](http://www.ConnectEBT.com) para ver sus saldos de SNAP y Cash y su historial de transacciones.

### Antes de mudarse

**ANTES de mudarse.**

**Acercas de su Alabama EBT**

- El mal uso de la tarjeta EBT de Alabama es ilegal. Estimar al sistema o vender su tarjeta o PIN a otras personas es un delito.
- Se pueden presentar cargos criminales en su contra por el mal uso y los beneficios pueden ser terminados.
- La pérdida reiterada de la tarjeta puede dar lugar a una investigación especial de su caso, o se puede asignar un representante para que reciba los beneficios por usted.

**Acerca de su Alabama EBT**

### ¿Qué es un PIN?

- Un número PIN es el Número de identificación personal. El PIN tiene cuatro (4) números. Cada vez que usa la tarjeta EBT de Alabama, debe ingresar su número PIN.
- Puede cambiarlo en cualquier momento llamando al Servicio de atención al cliente. Para seleccionar el PIN por primera vez, llame al Servicio de atención al cliente.

Mantenga su PIN EN secreto

- No comparta el PIN con su asistente social, integrantes de la familia, empleados de tienda o cualquier otra persona a menos que desee que tengan acceso a **TODO**s sus beneficios.
- No escriba el PIN en la tarjeta ni en nada que lleve en su cartera o billetera.
- Llame de inmediato al Servicio de atención al cliente para cambiar el PIN si cree que alguien más conoce su PIN.

## Cómo proteger su tarjeta

- No tire la tarjeta a la basura. Es la única forma de obtener los beneficios de Asistencia Alimentaria (Programa Suplementario de Asistencia Nutricional, SNAP) o los beneficios de Dinero de Asistencia Familiar.
- No doble ni dañe la tarjeta.
- No use la tarjeta como una herramienta.
- Mantenga la tarjeta seca y alejada del calor o del sol.
- Mantenga la tarjeta alejada de objetos puntiagudos que pudieran rayar la banda negra en el dorso.
- Mantenga la tarjeta alejada de imanes y otros dispositivos electrónicos.
- Mantenga la tarjeta alejada de los niños.
- Siempre guarde rápido la tarjeta después de usarla.
- Llame al Servicio de atención al cliente si la tarjeta no funciona.



**Utilizar la tarjeta en cualquier POS**

Use la tarjeta en cualquier máquina de punto de venta (POS) con el logotipo Quest® para:

- Comprar alimentos con beneficios SNAP.
- Use la cuenta de Dinero de Asistencia Familiar para comprar alimentos o artículos que no sean alimentos.
- Obtenga Dinero de Asistencia Familiar en el mismo instante que compra algo (vuelto en efectivo).
- Obtenga Dinero de Asistencia Familiar de la cuenta sin comprar algo.

**Conozca su saldo antes de comenzar a comprar**

Observe el último recibo, llame al Servicio de atención al cliente o visite:

 [www.ConnectEBT.com](http://www.ConnectEBT.com)

**Si la máquina POS no funciona...**

El empleado le solicitará que firme un comprobante de papel por el monto de alimentos que compra.

El empleado llamará para verificar el saldo en su cuenta, le solicitará que firme el comprobante y le entregará una copia. Guarde la copia como constancia.

**Cómo hacer una compra**

1. Digale al empleado que desea pagar con tarjeta EBT.
2. Deslice su tarjeta por la máquina POS o entregue su tarjeta al empleado. Nunca le diga al empleado su PIN.
3. Presione el botón EBT y siga las instrucciones para hacer un SNAP o Cash purchase en la máquina POS.
4. Ingrese su PIN.
5. Verify the amount of the purchase y presione **ENTRAR** o **SI**. (El total incluirá la cantidad de devolución de efectivo, si usted solicitó alguno.)
  - Si el total es incorrecto, dígame al empleado, y no presione ningún botón.
6. Revise su recibo mientras esté con el empleado.
  - Si está mal, díselo al empleado de inmediato.
7. Guarde su recibo para que sepa su saldo la próxima vez que compre.

**Cómo hacer una POS retro efectivo**

1. Pregúntele al empleado si puede retirar los beneficios en efectivo en esa tienda.
2. Deslice su tarjeta por la máquina POS o entregue su tarjeta al empleado. Nunca le diga al empleado su PIN.
3. Presione el botón EBT y siga las instrucciones para hacer un retro de efectivo en la máquina POS.
  - Pregúntele al empleado si necesita ayuda.
4. Ingrese su PIN.
5. Verifique la cantidad que se muestra en el equipo POS y presione **ENTER**.
  - Si el total es incorrecto, dígame al empleado, y no presione ningún botón.
6. Tome la tarjeta, el efectivo y el recibo.
7. Revise su recibo mientras esté con el empleado.
  - Si está mal, díselo al empleado de inmediato.
8. Guarde su recibo para que sepa su saldo la próxima vez que compre.

**Uso la tarjeta en cajero automáticos**

**¡NO puede retirar dinero en efectivo de su cuenta SNAP!**

Usa la tarjeta solo en lugares seguros.

- Tenga la tarjeta lista antes de llegar al cajero automático.
- Elija un cajero automático bien iluminado ubicado en un lugar donde se sienta seguro, como dentro de una tienda o de un banco.
- Siempre esté atento a las personas que lo rodean.
- Nunca use su PIN en un cajero automático si cree que alguien está intentando ver el PIN que ingresa.
- No cuente el dinero en efectivo en el cajero automático. Espere hasta estar en un lugar seguro.
- Guarde la tarjeta, el efectivo y el recibo rápidamente.

**Cómo obtener efectivo de un cajero automáticos**

1. Inserte su tarjeta e introduzca su PIN de 4 dígitos.
2. Seleccione las opciones de **DISPOSICIÓN/RETIRO** de la **REVISAR**.
3. Ingrese el monto en dólares que desea retirar.
  - Más cajero automáticos solo dan facturas de \$20.
  - No puede retirar más efectivo del que tiene en la cuenta en efectivo.
4. Verifique el monto que ingresó y presione **CORRECTO**.

- Si el monto es incorrecto, presione **CANCELAR** e ingrese el monto nuevamente.
- 5. Está pendiente de algún mensaje de advertencia de cobro de comisión.
  - No todos los cajeros automáticos cobran una comisión. Puede cancelar la transacción si no desea pagar la comisión, PERO no retirará dinero.

6. Tome el efectivo y guárdelo en un lugar seguro. No cuente el dinero en efectivo en el cajero automático.
7. Espere el recibo y la tarjeta. No se vaya del cajero automático sin su tarjeta.
8. Guarde el recibo para saber cuánto dinero en efectivo le queda en la cuenta.

- Cuando esté en un lugar seguro, verifique que el monto de efectivo que recibió coincida con el recibo. De lo contrario, llame al Servicio de atención al cliente.

**Cómo se cobran las tarifas por transacción**

**¡NO hay cargos por transacciones SNAP!**

Estas son las tarifas por usar la tarjeta para recibir los beneficios de Dinero de Asistencia Familiar.

**Tarifas por transacción por disposición de dinero en efectivo**

Puede hacer solamente dos (2) retirados de dinero en efectivo por mes ya sea en un cajero automático o máquina POS (punto de venta) y no se le cobrará una tarifa por transacción.

Si hace más de 2 retirados de dinero en efectivo en un mes, se le cobrará USD \$0.85 por cada retro adicional ya sea en un cajero automático o máquina POS. No se le cobrará por las transacciones que no haya podido realizar.

**Comisiones en cajeros automáticos**

Además de la tarifa por transacción, algunos cajeros automáticos agregan comisiones a la transacción, incluso a los 2 primeros retirados del mes.

El cajero automático siempre mostrará un mensaje antes de agregar el recargo. Puede cancelar la transacción si no desea pagar la comisión. Después de que esté en un lugar seguro, compruebe que la cantidad de dinero en efectivo que recibió coincide con el recibo. Si no es así, llame al Servicio de Atención al Cliente.

**Asistencia Alimentaria (SNAP)  
Horario de Beneficios**

Si los últimos 2 dígitos del número de caso terminan en:	Los beneficios de SNAP mensuales están disponibles después de las 5 a.m. en la fecha que se indica a continuación:
00 a 04	4th
05 a 09	5th
10 a 14	6th
15 a 19	7th
20 a 24	8th
25 a 29	9th
30 a 34	10th
35 a 39	11th
40 a 44	12th
45 a 49	13th
50 a 54	14th
55 a 59	15th
60 a 64	16th
65 a 69	17th
70 a 74	18th
75 a 79	19th
80 a 84	20th
85 a 89	21st
90 through 94	22nd
95 through 99	23rd

**Los beneficios de Dinero de Asistencia Familiar están disponibles después de las 5:00 a. m. el día 5 de cada mes.**