



Request for Second Electronic Benefit Transfer (EBT) Card (Not to be used for Authorized Representatives)

I am requesting a second Electronic Benefit Transfer (EBT) card for another adult on my case.

Name (Head of Household): _____

Case Number: _____

Second Adult Name: _____

I understand that:

- The second card will have both of our names on the card.
- The second card may be used in the same way as the primary EBT card.
- The second adult does not take on any additional responsibilities for the case just by getting the second card.

Client's Name (print clearly)

Client's Signature

Date