



Authorization for Alternate EBT Cardholder

CLIENT'S NAME
CLIENT ID

What is an Alternate EBT Cardholder? An Alternate Cardholder is a person you choose to access your benefits. They will get their own Washington Quest card.

If you want an Alternate EBT Cardholder: Complete and return this form to your local office. Both you and the person you select must sign the form. **The Alternate Cardholder must come into the local office with valid ID to get their card.**

Do I Need an Alternate EBT Cardholder? Anyone can choose to have an alternate cardholder.

If you need someone to help you use your food or cash benefits at any time, you might want an alternate cardholder.

What Should I Consider Before I Choose an Alternate Cardholder? Choose a person you trust. We will not replace benefits this person uses.

I choose (please print) _____
to be my Alternate Cardholder. Choose a person you trust. We will not replace benefits this person uses.

This person may use my (check one or both): **Food Benefits** **Cash Benefits**

CLIENT'S SIGNATURE	DATE
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**Person chosen completes this section (please print clearly).
 All information will be kept confidential.**

NAME	PHONE (INCLUDE AREA CODE)
ADDRESS	CITY
	STATE ZIP CODE

I agree to act as Alternate Cardholder for the person named above. I accept full responsibility to use this person's benefits only in their interest and for their benefit. I understand that I might have to make up any losses due to misuse of the benefits. A court could determine other judgments if I misuse the benefits.

SIGNATURE OF PERSON CHOSEN	DATE
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