

Image-1 Form - Request for Mass EBT Card



Commonwealth of Massachusetts  
Department of Transitional Assistance

Sample Form

- P  Original
- I
- R  System Down
- S

**Request for Mass EBT Card**

Document Number

Social Security Number 0110-02-0330		Category 9	CAN 621	Office # 000	Date of Issue MM DD YY 12-15-98
Name Please Print Last SMITH First JOHN Middle Initial				Date of Birth MM DD YY 08-28-1948	

Authorized Representative     Authorized Payee

Social Security Number

Last

First

Middle Initial

<p><b>Card Type</b></p> <p><input checked="" type="checkbox"/> Original    <input type="checkbox"/> Replacement</p> <p><input checked="" type="checkbox"/> Authorized ID</p> <p><input type="checkbox"/> Authorized Representative</p> <p><input type="checkbox"/> Authorized Payee</p> <p><input type="checkbox"/> SSI Elderly/Disabled</p> <p><input type="checkbox"/> Valid without Photo</p>	<p><b>Reason for Replacement</b></p> <p><input type="checkbox"/> Name Change</p> <p><input type="checkbox"/> SSN Change</p> <p><input type="checkbox"/> Worn: Verified</p> <p><input type="checkbox"/> Lost</p> <p><input type="checkbox"/> Stolen</p> <p><input type="checkbox"/> Other: Explain _____</p>	<p><b>Payment for Replacement</b></p> <p><input type="checkbox"/> EBT Cash Debit</p> <p><input type="checkbox"/> EBT Food Stamp Debit</p> <p><input type="checkbox"/> Check or Money Order</p>
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Method of Identification DRIVER'S LICENSE SS CARD

Personal Identification Number     PIN     Re-PIN     Mail PIN (SSI/FS)

Delivery Method     Take Now     Pick up Later     Mail

Image System Down     Cannot Capture     Cannot Print

Emergency ID Issued     Yes     No    Emergency ID # \_\_\_\_\_

Valid Without Photo ID

Date \_\_\_\_\_    Manager's Authorization Signature \_\_\_\_\_

**Signatures**

Authorized Representative \_\_\_\_\_

Authorized Payee \_\_\_\_\_

Applicant/Recipient John Smith

Worker Chris Robbins

Image-1 (Rev. 3/97)  
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