NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES (DWSS) ELECTRONIC BENEFITS TRANSFER (EBT) CARD ISSUANCE AUTHORIZATION

I have received training on the use of my Electronic Benefits Transfer (EBT) card and Personal Identification Number (PIN), and I understand:

| Number (PIN), and I understand: | | | |
|--|--|---|--|
| \sqcap I | ☐ I am responsible for safeguarding my EBT card and PIN. | | |
| | f either my TANF cash or SNAP benefit acco | ount is accessed by me, an authorized representative, or any and PIN, the transaction is considered authorized and the | |
| H b | Hotline at 1-866-281-2443. Neither my TANF | nediately by calling the FIS ebtEDGE Customer Service cash nor SNAP benefits will be replaced for the time period IN, and the time I report the loss/theft to the FIS ebtEDGE | |
| П | There is no restriction on the number of times I | may use my EBT card. | |
| | | or SNAP EBT account to correct system errors. | |
| p | | any benefits remaining in my EBT account past the intended stored. Expunged benefits will be applied to any outstanding | |
| Tempora | ary Assistance to Needy Families (TANF) | Supplemental Nutrition Assistance Program (SNAP) | |
| Purpose | Cash Benefits | Food Benefits Purpose | |
| | vides each hanafits to low income residents | DWSS administers food assistance benefits under the | |
| DWSS provides cash benefits to low-income residents with a dependent child(ren). | | Federal Supplemental Nutrition Assistance Program | |
| These benefits help pay for basic living expenses. | | (SNAP). | |
| TANF cash benefits must be used only for the benefit | | SNAP benefits are intended to supplement the family's | |
| of the children in your care. | | monthly food resources. | |
| We can require proof you are using your TANF | | The intended period of use for SNAP benefits is 365 days | |
| | r the children's needs. ed period of use for TANF cash benefits is | from issuance. | |
| | rom issuance. | | |
| Appropria | | Appropriate Use | |
| You may u such as: | se your cash benefits for living expenses | SNAP benefits may be used by yourself or family members to buy food from an authorized retailer. | |
| | r heating ag and water heating | Retailers are authorized by the United States Department of Agriculture (USDA) through the Food and Nutrition Service (FNS). | |
| Electricity for refrigeration and lights | | You may use your benefits to buy: | |
| Household supplies | | Breads and cereals | |
| • Clothing | | • Fruits and vegetables | |
| Personal incidentals | | • Cheese, milk and dairy products | |
| I may make cash purchases using my TANF cash | | Raw meats, fish, poultry and eggs | |
| benefits and receive cash back with no additional fee depending on the store's policy. | | Most other packaged foods other than prepared hot foods | |
| Automated Teller Machine (ATM) Fees | | Seeds and plants that produce food | |
| I may also withdraw cash from an ATM; however, there is always an 85-cent fee each time I receive cash | | A retailer who accepts my EBT card for purchases using my SNAP benefits may not impose a minimum dollar | |
| from an ATM, and there is a possible additional charge, which could vary depending on the ATM I use. | | amount for my SNAP EBT purchase, nor can a retailer charge a fee for the use of SNAP benefits. | |
| The agency | y does not pay or reimburse for ATM | | |

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surcharge fees.

| ☐ Fraudulent/illegal EBT transactions involving my TANF cash or SNAP benefits, may result in my disqualification | | | |
|---|---|--|--|
| from the programs, the loss of benefits, monetary fines and imprisonment. | | | |
| Temporary Assistance to Needy Families (TANF) Cash Benefits | Supplemental Nutrition Assistance Program (SNAP) Food Benefits | | |
| Restricted Use | Illegal Use | | |
| Per Federal Law, TANF cash EBT benefits cannot be accessed from ATM machines or used to purchase items in the following locations: casinos, gaming establishments, liquor stores, or establishments which provide adult entertainment. | It is illegal to: Sell or attempt to sell, your EBT card. Use SNAP benefits for anything other than to buy food for eligible household members. Resell any food items purchased with SNAP benefits. Sell any items prepared with food purchased with SNAP benefits. Use SNAP benefits to buy non-food items such as cigarettes, tobacco, beer, wine, liquor, household supplies, soap, paper products, vitamins, medicine or pet food. Exchange your benefits, the food purchased with your EBT card, for anything of value (trafficking). Examples of illegal trafficking include exchanging food benefits for cash, drugs or weapons. | | |
| | Credit for the return of any items purchased with my SNAP benefits must be placed on my EBT card; it is illegal to accept cash or a "store" card for any returns purchased with SNAP benefits. | | |
| Restricted Use Penalty | Penalty for Illegal Use | | |
| If you use your EBT card or cash from your EBT card illegally or inappropriately, we may: Require proof you use the benefits for the children in your care. Assign a protective payee to manage your cash benefits. Terminate your cash benefits. Pursue legal action, including criminal prosecution. By signing below, I agree that the appropriate and legal | If you intentionally misuse your SNAP benefits, you may be: Disqualified and lose your benefits: For at least one year Up to 10 years For a lifetime Disqualified even if you move to another state Required to repay any trafficked benefits. Subject to fines. Subject to legal action, including criminal prosecution. DWSS will cooperate with local, state and federal authorities to prosecute trafficking of SNAP benefits. use of DWSS TANF cash and SNAP benefits have been | | |
| explained. I understand the proper use of benefits and the penalties for restricted and illegal use. | | | |
| Signature of Head of Household or Authorized Representative Date | | | |
| <u>Training Verification</u> (for office use only) | | | |
| Date of Training/Review of Training Documents: Trainer's Initials: | | | |
| Card Issuance Authorization (for office use only) ☐ Head of Household ☐ Authorized Representative Name: | Case Manager/EBT Initials | | |

 $Take \ this \ form \ to \ the \ Card \ Issuance \ Staff \ to \ receive \ your \ EBT \ card \ and \ select \ your \ PIN \ number.$

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