



Authorization for Alternate EBT Cardholder

CLIENT'S NAME
CLIENT ID

What is an Alternate EBT Cardholder?

An Alternate Cardholder is a responsible person you choose and trust to use your benefits for your needs. They will have access to your cash and/or basic food and get their own Washington Quest EBT card.

Do I Need an Alternate EBT Cardholder?

No. Anyone can choose to have an Alternate Cardholder. If you need help using your food or cash benefits, you can authorize someone to be an Alternate Cardholder to use your benefits for your needs.

What Should I Consider Before I Choose an Alternate Cardholder?

Choose a person you trust. The department will not replace your benefits if this person misuses them.

If you want an Alternate EBT Cardholder:

Complete and return this form to your local office. Both you and the person you choose must sign this form. You can remove an Alternate Cardholder by calling 1-877-501-2233 to request a change in who has access to your account.

The Alternate Cardholder must come into the local office with valid ID to get their card.

You do not need to come into the office with your chosen Alternate Cardholder.

Who is your Alternate Cardholder (Print Clearly – Information is Kept Confidential)

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE
ZIP CODE		
Is this address same as client? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE (INCLUDE AREA CODE)
Type of benefits the above person may use (check one or both): <input type="checkbox"/> Food <input type="checkbox"/> Cash		
SIGNATURE OF CLIENT	DATE	

I agree to act as Alternate Cardholder on behalf of the person named above. I accept full responsibility to use this person's cash and/or food benefits in their interest and for their benefit. I agree to the terms of the cash / basic food Electronic Benefit Transfer – EBT program.

I understand that I may have to replace benefits due to my misuse of the benefits. A court may determine other judgments against me if I misuse their benefits.

SIGNATURE OF ALTERNATE EBT CARDHOLDER	DATE
---------------------------------------	------