



Alternate Payee Permission Form

Beneficiary name _____ SSN _____

Use this form to assign a new Alternate Payee and/or remove an existing one. An Alternate Payee is someone you trust to have access to any benefits you receive on an EBT (electronic benefit transfer) card. Even if the household is able to obtain benefits, it is encouraged to name an Alternate Payee in the case of illness or other circumstance which might result in the inability to obtain benefits. This person will be sent an EBT card of their own. Depending on your choice below, their card will allow them to access your EBT food, cash, or both, on your behalf.

EBT <u>food</u> benefits may include:	EBT <u>cash</u> benefits may include:
3SquaresVT Reach Ahead	3SquaresVT Cash Out Seasonal Fuel Assistance Reach Up Reach First GA PNI Essential Person PSE

Direct Deposit: If you have previously chosen direct deposit for any cash benefits mentioned here, the Alternate Payee will not have access to them unless you and your Alternate Payee share that same bank account. This form can only give access to benefits on the EBT card. If you would like to setup or terminate direct deposit for cash benefits, call the Benefit Service Center at 1-800-479-6151.

Assign a New Alternate Payee

Alternate Payee name _____ Phone _____

Mailing address _____
Street
City
State
Zip

I wish to give this Alternate Payee access to: Food Cash Food and Cash

Choose one of the following:

- I wish to retain access to these benefits.
- I DO NOT wish to retain access to these benefits. ONLY my Alternate Payee will have access to the benefits I have selected here.

Remove an Existing Alternate Payee

Existing Alternate Payee name _____

Choose one of the following:

- I wish to remove this person as my Alternate Payee, revoking their access to my benefits.
- I DO NOT wish to remove this Alternate Payee, but if my benefits were previously given ONLY to this person please restore them to me. I would like myself AND my Alternate Payee to share access.

SIGNATURES ARE REQUIRED ON THE BACK. →

Beneficiary signature

- I understand that by designating an Alternate Payee I am giving them permission to access my benefits with an EBT card that will be issued to them on my behalf.
- I understand that I must not allow anyone else to use my EBT card and that the Alternate Payee must only use the card provided to them.
- I understand that if ESD has determined that my Alternate Payee has made improper use of the EBT card benefits, it may disqualify them from being my Alternate Payee for up to one year.
- I understand that I can change who my Alternate Payee is or stop this authorization at any time by notifying ESD, either orally or in writing.

Beneficiary signature

Date

New Alternate Payee Signature

- I agree to be the Alternate Payee for _____ (Beneficiary).
- I understand that the above-named beneficiary may need me to help them access their benefits in the case of illness or other circumstance which might result in their inability to access the benefits themselves.
- I understand that: I must not use food assistance benefits to buy nonfood items or to pay on credit accounts (this is not true for cash assistance benefits); I must not use, or have in my possession, EBT cards that are not mine; I must not let someone else use my card; and I must not trade or sell my EBT card.
- I understand that withdrawing or spending Reach Up cash is prohibited at the following locations: liquor stores, bars, casinos or other gaming facilities, and businesses that provide adult-oriented entertainment in which performers disrobe or perform in an unclothed state.
- I understand that if I have made improper use of the EBT card benefits, I may be disqualified from being an Alternate Payee for up to one year, and may face other federal or state penalties.

Alternate Payee Signature

Date

Please return this form to:
DCF – Economic Services Division
Application and Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

**For more information, call the Benefits Service Center at 1-800-479-6151
(For the Deaf or hard of hearing: Dial 711)**