

IM-3EBT IMPORTANT INFORMATION ABOUT ELECTRONIC BENEFIT TRANSFER (EBT) TRANSACTIONS

PURPOSE: To provide a signed statement to the Family Support Division from the applicant/participant acknowledging the following:

MISUSE OF TEMPORARY ASSISTANCE BENEFITS IS A VIOLATION OF STATE AND FEDERAL LAW.

INSTRUCTIONS FOR COMPLETING THE FORM: Type in the case name and DCN of the applicant/participant in the appropriate fields.

For Temporary Assistance applicants/participants review the Misuse of Your Temporary Assistance Benefits section and Public Assistance Fraud is Against State and Federal Laws section. After each section is reviewed have the individual sign their name in the each section's applicant/participant signature box and enter the date signed in the date box.

If contact is not in person the information on the form should be reviewed with the individual during the interview. A signed copy does not have to be obtained. Make a comment on the Eligibility Unit Member Role (EUMEMROL/FM3Z) screen stating when the IM-3EBT form is provided to an applicant/recipient or reviewed over the phone.

NUMBER OF COPIES AND DISTRIBUTION: Provide a copy of the form for all individuals applying for or receiving Temporary Assistance benefits during the following occasions:

- Face-to-face interviews;
- In person EBT card replacement request;
- In person mid-certification review or reinvestigation, and
- When discussing replacement EBT cards due to continued replacement requests.

The form may also be placed in reception areas for informational purposes.