**VISION CARD**
**REQUEST FOR ALTERNATE PAYEE**

ES-3141
Rev. 06-05

I, the undersigned, request that _____

be designated as an alternate payee for my:

☐ Cash Assistance account;

☐ Food Assistance account; and/or

☐ Child Care account.

I understand he/she will be issued a VISION card for the above account(s). I understand that this gives the alternate payee unrestricted access to my cash, food assistance and/or child care benefits and that any funds spent by the alternate payee will not be replaced.

_____ _____

Signature Date

| **For Office Use Only** | | | |
|---|---|---|---|
| Case Name: _____ | Case Number: _____ | | |
| Alternate added to: | ☐ KAECSES | ☐ eFunds | |

This form supersedes form IM-3141, 11-97.