

## Kansas Benefits Card Request For Alternate Payee

I, the undersigned, request that

\_\_\_\_\_

*(Alternate Payee Name)*

Whose mailing address is:

\_\_\_\_\_

*(Street)*

\_\_\_\_\_

*(City, State, Zip code)*

*Be designated as an alternate payee for my:*

- Cash Assistance account;*
- Food Assistance account; and/or*
- Child Care account.*

The alternate payee must contact the local DCF office to provide either their SSN or select a password for EBT purposes – the case Primary Individual cannot provide the SSN or password. A password can be used in lieu of their SSN. Passwords can be up to 16 alpha-numeric characters.

I understand he/she will be issued a Kansas Benefits 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

<b>For Office Use Only</b>	
Case Name: _____	Case Number: _____
Alternate added to: <input type="checkbox"/> KAECSES	<input type="checkbox"/> ebtEDGE WebAdmin

This form supersedes form ES-3141, 01-13.