

**Kansas Benefits Card  
Request For Alternate Payee**

ES-3141  
01-13

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 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"/> eFunds