# ES-3141

State of Kansas

Department for Children and Families

Economic & Employment Services

10-14

**Kansas Benefits Card Request For Alternate Payee**

I, the undersigned, request that

Whose mailing address is:

*(Alternate Payee Name)*

*(Street)*

*Be designated as an alternate payee for my:*

*Cash Assistance account;(City, State, Zip code)*

*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. For EBT account security, alternate payees that have inactivity on the EBT account for 90 days or more will be removed and their EBT card deactivated.*

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Office Use Only** | | | | | | |
| Case Name: |  | | | Case Number: | |  |
|  | | | | | | |
| Alternate added to: | |  | KEES | |  | ebtEDGE WebAdmin |
|  | | | | | | |
| This form supersedes form ES-3141, 10-14. | | | | | | |