TEXAS Health and Human Services

Form H1175
October 2014-E

Authorization for Administrative Terminal Application Action

Part I — Send Primary Cardholder Record for This TANF and/or SNAP EDG

☐ TANF	TANF EDG Number	☐ SNAP	SNAP EDG Number	Endorsement

Primary Cardholder Name — Last, First, Middle (22 characters maximum)	Date of Birth (mm\dd\yyyy)	Sex ☐ M ☐ F	Social Security Number (SSN)

Mailing Address — Street or P.O. Box (if addresses are different, use TANF address)	Mailing Address — Second Line

City	State	ZIP	EDG Name ☐ Yes ☐ No

Part II — Send SNAP Priority Benefit Record

(For combined allotments, complete both First Month **and** Second Month lines.)	SNAP EDG Number	Primary Cardholder Name — Last, First, Middle (22 characters maximum)

	No. in Household	Benefit Month (mm\yy)	Allotment Value	County No.	Type	Form H1855 signed?
First Month			$ .00		☐ **Expedited** ☐ **Timely**	☐ **Yes** ☐ **No**
Second Month			$ .00		☑ **Timely**	☐ **Yes** ☐ **No**

TIERS inquiry completed?	Reason for Using Administrative Terminal Application (ATA)
☐ **Yes** ☐ **No**	☐ **Worked Manually/TIERS Unavailable** ☐ **Other (specify):**

Supervisor's Review	Application and supporting documents reviewed? ☐ **Yes** ☐ **No**	Supervisor's Initials	Employee Number	Date

Part III — Update Primary Cardholder Record

Complete this section to make changes to the primary cardholder record when those changes cannot be made in the EBT system by TIERS.

Cardholder Record to Be Changed — Last Name, First, Middle (22 characters max.)	TANF EDG Number	SNAP EDG Number

Update the primary cardholder record as follows:

Primary Cardholder Name — Last, First, Middle (22 characters maximum)	Date of Birth (mm\dd\yyyy)	Sex ☐ M ☐ F	Social Security Number

Mailing Address — Street or P.O. Box (if addresses are different, use TANF address)	Mailing Address — Second Line

City	State	ZIP	Endorsement	EDG Name ☐ Yes ☐ No

Part IV — Split Primary Cardholder Records

Complete Part IV if a cash account and food account are currently linked and need to be separated.

EDG Name	
TANF EDG Number	SNAP EDG Number

Part V — Merge Primary Cardholder Records

Complete Part V only after ensuring the cardholder records match on name, date of birth, sex and SSN in TIERS.

EDG Name	
TANF EDG Number	SNAP EDG Number

Part VI — Register Card

The EBT site coordinator or designated person completes Part VI to authorize card registration in the local office in special situations.

TANF EDG Number	SNAP EDG Number	Primary Cardholder Name — Last Name, First, Middle (22 characters maximum)

Signature — Requestor (Advisor)	Date	Employee Number
Signature — Person Completing Request	Date	Employee Number