TEXAS Health and Human Services Commission

Form H1172
October 2014-E

EBT Card, PIN and Data Entry Request

Name of Primary Cardholder	TANF EDG Number	SNAP EDG Number

Complete I or II below and give to EBT issuance staff for data entry on the ATA after sending the primary cardholder record to the EBT system via TIERS or the ATA (i.e., Form H1175, Authorization for Administrative Terminal Application Action).

I. Request for Issuance/PIN Self-Selection

Complete this section to request that EBT issuance staff issue or mail a card/PIN or enable the cardholder to select a PIN.

Name of Person to Receive Card	Date	Time

Action Requested

☐ Issue Card ☐ Validate Card ☐ Enable Cardholder-Selected PIN ☐ Issue PIN Packet* | ☐ Mail Card/Training Material ☐ Mail PIN Packet ☐ Card Registration Required

If TANF Protective Payee — Mailing Address

How was the cardholder's identity verified when the card was issued in the local office?

Additional training requested? ☐ Yes ☐ No

* If issuing or mailing a PIN packet, indicate the barrier to PIN self-selection:

☐ Physical or Mental Disability ☐ Unavailability of the AVR ☐ Inability to Use the AVR

☐ Lack of Access to a Touchtone Phone ☐ Other: _____

Person who identifies the individual's barrier to PIN self-selection: _____ Signature _____ Date

II. Notification of Issuance

Complete this section if the advisor logs out the card/PIN packet and issues them to the cardholder in situations such as home visits or itinerant office interviews.

☐ Advisor Issued Card
El Trabajador Entregó la Tarjeta……

PAN

☐ Advisor Issued PIN Packet
El Trabajador Entregó el Paquete con el PIN ……

Control Number

☐ Card Registration Required
Tarjeta requiere registro

Receipt Verification: I have received the item(s) marked above. I verify that it was unopened when it was received.

Verificación de recibo: Recibí los articulos indicados arriba. Certifico que cuando lo recibí estaba sin abrir.

_____ Signature — Individual / Firma de la persona

_____ Date / Fecha

_____ Signature — Requestor _____ Date _____ Employee Number

_____ Signature — Person Completing Request _____ Date _____ Employee Number