

Sample Form A

Rent Receipt –

No Case Number Included

RECEIPT

DATE May-3-13

No. 348857

FROM [REDACTED]

\$ 368.00

Three hundred & sixty eight DOLLARS

☒ FOR RENT
☐ FOR

ACCT.	
PAID	<u>368.00</u>
DUE	

☐ CASH
☒ CHECK
☒ MONEY ORDER
☐ CREDIT CARD

FROM May 1-13 TO June 1-13
BY Jennie

A-2501
T-46820

Sample Form B

Handwritten Letter - Income –
No Identifying Information

To whom it may concern

As of April, 2013 the total amount
earned during this month is \$ 1524.00.
and it was divided half and half
between me and my Partnership in business.
\$ 1524.00 is total gross.

Sincerely yours.

Sample Form C

CSF-67 EBT –

No Case Number or
Assigned Eligibility Worker Information

COUNTY OF FRESNO

ELECTRONIC BENEFIT TRANSFER (EBT) CARD AND
PERSONAL IDENTIFICATION NUMBER (PIN) RESPONSIBILITY STATEMENT

Case Name: _____

Case Number: _____

I certify that I have received information on the use of my CalFresh and/or cash aid Electronic Benefit Transfer (EBT) card and Personal Identification Number (PIN).

I understand that:

1. I AM RESPONSIBLE for keeping my EBT card and PIN safe.
2. I should not write my PIN number down on the back of the card or anywhere it can be accessed by someone I do not trust. If I think someone knows my PIN that should not have access to my benefits, I will call the 24-hours a day, seven days a week customer service toll-free phone number (1-877-328-9677) or contact my worker to change my PIN.
3. I may choose an Authorized Representative (CalFresh) and/or a Designated Alternate Cardholder (Cash) who can get my benefits for me.
 - I will receive a separate card for this person
 - This person must be a responsible adult.
 - He/she can access my Food Stamps and/or cash aid at any time.
 - I can choose one person to access my cash aid and another person to access my CalFresh benefits, or I can choose one person to access both.
 - I must tell my worker immediately if I want to change my Authorized Representative or Designated Alternate Card Holder.
4. If the benefits in my EBT account are used by myself, my Authorized Representative or Designated Alternate Card Holder, or any other person that uses my EBT card and PIN, the transaction is considered authorized and the benefits will NOT be replaced.
5. I must report any lost or stolen card immediately to the 24-hours a day, seven days a week customer service toll-free phone number (1-877-328-9677).
6. I can get a new EBT card or PIN by calling the 24-hour customer service toll-free phone number (1-877-328-9677). If a card is needed in an emergency, I can contact the county during business hours.
7. After four (4) attempts to get my benefits by using an incorrect Personal Identification Number (PIN), my PIN will lock and I will not be able to access benefits until 12:00 midnight that same night. In an emergency I can contact my worker during regular business hours to have my PIN unlocked.
8. I may be disqualified and/or risk loss of Food Stamp and/or cash aid, fines and/or imprisonment for illegal or fraudulent EBT transactions.

Client Signature

Print Name

5.15.13
Date

Eligibility Worker Signature

Dist No.

Date