TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS
FAMILY INVESTMENT EBT TRAINERS AND SUPERVISORS

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: ELECTRONIC BENEFITS TRANSFER (EBT) SYSTEM VAULT CARD ISSUANCES

PROGRAMS AFFECTED: FOOD SUPPLEMENT PROGRAM (FSP), TEMPORARY
CASH ASSISTANCE (TCA), REFUGEE CASH
ASSISTANCE (RCA) AND TEMPORARY DISABILITY
ASSISTANCE PROGRAM (TDAP)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:
Action Transmittal 08-16 provides information about the changes to the electronic
benefits transfer (EBT) system. One of the most significant changes is issuing vault
cards to customers only when a specific emergency situation exists.

This action transmittal reiterates the types of emergency situations that justify issuing a
vault card and provides a new referral form to be completed by the Case Manager
when a vault card issuance is needed.

ISSUING VAULT CARDS FOR EMERGENCY/HARDSHIP SITUATIONS:
The local department can choose to issue a vault card (based on the four emergency
situations below) on a pending assistance unit (AU) up to the same day the case
manager finalizes the case. However, the customer cannot set a PIN or use the card
until the AU is finalized and benefits are placed in the account via the overnight batch
process. After the case has been finalized, if a vault card has not been issued and the
customer does not have an existing card from a prior certification period, the EBT
system will automatically mail a card to the customer the next business day.

If a current customer’s card is lost, stolen, or damaged, they must call the Customer
Service Call Center’s toll free number, 1-800-997-2222, to request a replacement card.
Following are situations that may warrant issuing a vault card on an AU:

- Homeless households
- To meet the 7-day expedited processing standard for the Food Supplement Program (FSP)
  - Any expedited case with an issuance date greater than 3 days after the application date.
- To meet the 30-day normal processing standard
  - Any FSP case with an issuance date greater than 26 days after the application date.
- Individual hardships, which include but are not limited to:
  - Household disaster such as fire or flood
  - Expedited households that are in immediate need of assistance
  - Domestic violence situations when the household is going to a shelter for battered women and children
  - Hardship cases at the discretion of the local department

When referring a customer to the EBT Trainer for issuance of a vault card, the Independence Card Referral Form (DHR/FIA EBT 7001) must be completed and given to the customer. The EBT Trainer will not issue a vault card to a customer who does not have a completed DHR/FIA EBT 7001. The referral form should be retained by the EBT Trainer for two years.

The Office of the Inspector General receives a monthly report of multiple vault card issuances. They review the report to identify potential fraud. The report lists the customer’s case information, the number of cards issued over a six month time period, and the ID of the EBT Trainer that issued the vault card. During the investigation process, the OIG may request a copy of the Independence Card Referral Forms.

INQUIRIES:
For CARES questions, please contact Joyce Westbrook at 410-238-1299. For EBT questions call Alice Fidler at 410-238-3565. Direct FSP and RCA questions to Rick McClendon at 410-767-7307 and TCA questions to Marilyn Lorenzo at 410-767-7333.

cc: FIA Management Staff
    Constituent Services
    OTHS System Support
    EBT Project Office
VAULT INDEPENDENCE CARD REFERRAL FORM

<table>
<thead>
<tr>
<th>HOH/Customer Name</th>
<th>DOB ( )</th>
<th>Customer ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative Payee - Cash</td>
<td>DOB ( )</td>
<td>Representative Payee - FS</td>
</tr>
</tbody>
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**Referral Reason:**
- [ ] Homeless household
- [ ] To meet the 7-day expedited processing standard
- [ ] To meet the 30-day normal processing standard

- Individual hardship
  - [ ] Household disaster
  - [ ] Expedited in need of immediate assistance
  - [ ] Domestic violence situations
  - [ ] Other (Explain below and requires supervisor’s approval)

**Direct Deposit**
- [ ] Customer Requests Direct Deposit
- [ ] Customer has a Change to Existing Direct Deposit

Case Manager: ___________________________  Date: _________
Supervisory Approval: ___________________________  Date: _________

DHR/FIA EBT 7001 (REV 5/09)