

STATE OF RHODE ISLAND
DEPARTMENT OF HUMAN SERVICES
Request for RI EBT Card

EBT-10
Rev: 03/13

Date Received:

OFFICE LOCATION (check one):

Providence Pawtucket Warwick Woonsocket Newport South County

Last Four Digits of SSN: _____ DHS ID #: _____ Date of Birth: ____/____/____
(If known) MM DD YYYY

Last Name First Name MI

ADDRESS

Street Apt. # City/Town

State Zip Code Phone Number

Check this box if this is a new address. Is this the address where would like your card mailed? Yes No

MAILING ADDRESS (if different)

Street Apt. # City/Town

State Zip Code

Is this the address where you would like your card mailed? Yes No

Why you are requesting a new EBT card?

- The card does not work
- The card was stolen
- The card is lost
- The card was destroyed
- I do not have access to the card
- Other: _____

Signature Date

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Write in this section only if you are an Authorized Representative and/or an Authorized Payee:

Authorized Representative Authorized Payee Both Authorized Representative & Payee

Last Name First Name MI

Date of Birth ____/____/____ Last Four Digits of SSN: _____
MM DD YYYY

Signature Date

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