

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

ELECTRONIC BENEFITS TRANSFER ADDENDUM

- | | | |
|--|---------------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 1) I understand that any benefits deposited into an EBT account cannot be replaced under any circumstances. If I choose an authorized cardholder who has access to my EBT account, benefits used by the authorized cardholder also cannot be replaced. |
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 2) I understand that if I do not use Food Stamp or cash benefits deposited in an EBT account for a period of 180 days that the benefits will be unavailable to me unless I contact the local DHHR office, and after proper notice the benefits may be used to repay outstanding claims. I also understand that if I do not use benefits in an EBT account for a period of 270 days that the benefits will be removed from the account. I may voluntarily request that benefits in my account be used to repay claims established against my Food Stamps or cash assistance at any time. |
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | 3) I understand that I may not use my EBT Food Stamp benefits to purchase food on credit. This means I cannot pay for food already purchased or food to be received in the future. |