EBT Benefit Issuance & Referrals

SNAP and Cash Assistance Benefit Issuance Information

Did You Know?



Benefits are available on weekends and holidays.
Any remaining benefits that are not used by the end of the month will carry over to the next month.
Unused benefits will be

removed from the EBT account after 274 days (9 months) from either the benefit issuance date or from the date of the last activity, whichever is later.

Monthly SNAP and Cash benefits are available at 12:01am on the specified day in the BI schedule.

CBMS daily batch times for both SNAP and Cash are 11:30am, 2:30pm, and 7:30pm.

Benefits Issuance Schedule

Social Security Number (SSN)	SNAP	Cash Assistance
SSN ends in 1	1st of the month	3rd of the month
SSN ends in 2	2nd of the month	3rd of the month
SSN ends in 3	3rd of the month	3rd of the month
SSN ends in 4	4th of the month	2nd of the month
SSN ends in 5	5th of the month	2nd of the month
SSN ends in 6	6th of the month	2nd of the month
SSN ends in 7	7th of the month	2nd of the month
SSN ends in 8	8th of the month	1st of the month
SSN ends in 9	9th of the month	1st of the month
SSN ends in 10	10th of the month	1st of the month

EBT Customer Service



1-888-328-2656 1-800-659-2656 (TTY)



www.ebtEDGE.com (select Cardholder Portal)

Check out the ebtEDGE and MyCOBenefits mobile apps now available for download.

Contact EBT Customer Service: Replace EBT Card | Change PIN | Check Balance | View Transaction History | Dispute an EBT Transaction Online and via Mobile Apps: Check Balance | Freeze or Unfreeze Card | Addional EBT Services (depending on the application)



EBT Card Usage

SNAP BENEFITS <u>CAN</u> BE USED TO BUY

Foods for the household to eat, such as breads and cereals, fruits and vegetables, meats, fish and poultry, dairy products, and seeds and plants which produce food for the household to eat

SNAP BENEFITS <u>CANNOT</u> BE USED TO BUY

Beer, wine, liquor, cigarettes or tobacco

Any nonfood items, such as pet foods, soaps, paper products, household supplies, vitamins and medicines, and food to be eaten in the store or hot foods

PROHIBITED LOCATIONS FOR USE OF EBT CARD

Places licensed to sell malt, vinous, or spirited liquors, including retail liquor stores, brew pubs and bars

Places where you can gamble, such as casinos, race tracks or bingo halls

Places that sell medical or retail marijuana or marijuana products

Places that offer adult-oriented entertainment, including adult video stores, strip clubs, and peep shows

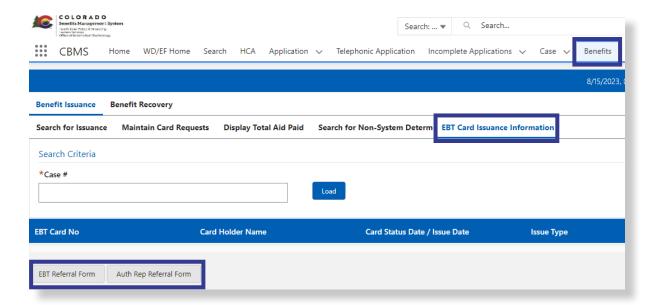
Places whose primary business is the sale of firearms

EBT Benefit Issuance & Referrals

EBT Card Information in CBMS

EBT Card Issuance Information Tab

The EBT Card Issuance Information tab can be found in the Interactive Interview (II) Queue, the Member's Page, and in the Benefits tab/Benefits Issuance subtab. You will be able to search for EBT card issuance information by case number.





Did You Know?

From the 'EBT Card Issuance Information' tab, you
can access a fillable EBT Referral Form or Authorized
Representative Referral Form by clicking on the
corresponding button. Both forms are also printable.

EBT Referral Form & Auth Rep Referral Form

The EBT Referral Form and Auth Rep Referral Form buttons allow you to open/fill out a digital EBT Card issuance Referral form for either a primary card holder or Authorized Representative (AR).

Forms are in English only (not client facing), The completed form will not be saved in CBMS, but a record of the form being completed will be in history. Once forms are completed, follow your county process for communicating with EBT staff.

SECTION 1 (Primary Cardholder Information) Must be completed by Eligibility Staff.			
☐ I have positively identified the Primary Cardholder			
SECTION 2 (Authorized Representative Information) Must be completed by Eligibility Staff.			
The Primary Cardholder has requested First Name	Last Name		
be authorized to pick up the Primary Cardholder's (PC's) EBT card on their behalf			
be issued an EBT card to access the PC's (Select one option & complete Section 3): SNAP CASH BOTH			
☐ EBT card access be revoked for (Select one option & complete Section 3): ☐ SNAP ☐ CASH ☐ BOTH (CARD)			
☐ I have positively identified the Authorized Representative			
Staff Name	Phone # or Extension Staff Signature		
SECTION 3 (Authorized Representative Information to obtain or revoke an EBT card) Must be completed by Eligibility Staff.			
How would the Authorized Representative like to receive their card: In-Person By Mail			
SSN DOB Phone #			
🛗			
Mailing Address	City State Zip Code		