RESET

☐ SEE ATTACHED

AUTHORIZATION / INSTRUCTION SHEET

☐ SEE OTHER SIDE

RECORD NUMBER	CAT/PGM	NAME

DATE	PREPARED BY WORKER	WORKER ID	CASELOAD #
ROUTE TO:		CASELOAD #	
ASSIGN TO:			

☐ APP REG	CAT						INIT	
☐ CASE INIT	CAT						INIT	

NOTES:

☐ EBT CARD ISSUANCE ☐ CENTRAL ☐ CAO

☐ PRIMARY ☐ SECONDARY ☐ RE-PIN

☐ AUTHORIZED REPRESENTATIVE - AR FORM ATTACHED

ISSUANCE CODE | FEE OVERRIDE ☐ YES ☐ NO

RECIPIENT #:

SSN: | ☐ HISTORY

☐ CASH NON-RECURRING ☐ (CCCOTI)

☐ SNAP NON-RECURRING ☐ (CCFSCK) ☐ (CCFOTI)

CAT/GG	AMOUNT	REASON	LINE #	DESCRIPTION

RECOUP | FROM | THRU

☐ CENTRAL ☐ CAO ☐ PICK-UP | TIME: ☐ MAIL

☐ CHECK # ☐ BENEFIT # ☐ EXPEDITED

ENDORSEMENT: ☐ SINGLE ☐ DUAL | DATE:

PAYEE 1

PAYEE 2

ADDRESS ☐ CLIENT ☐ VENDOR ☐ OTHER

CITY, STATE, ZIP

☐ CASH NON-RECURRING ☐ (CCCOTI)

☐ SNAP NON-RECURRING ☐ (CCFSCK) ☐ (CCFOTI)

CAT/GG	AMOUNT	REASON	LINE #	DESCRIPTION

RECOUP | FROM | THRU

☐ CENTRAL ☐ CAO ☐ PICK-UP | TIME: ☐ MAIL

☐ CHECK # ☐ BENEFIT # ☐ EXPEDITED

ENDORSEMENT: ☐ SINGLE ☐ DUAL | DATE:

PAYEE 1

PAYEE 2

ADDRESS ☐ CLIENT ☐ VENDOR ☐ OTHER

CITY, STATE, ZIP

AUTHORIZED SIGNATURES

CASEWORKER'S SIGNATURE	WORKER ID	DATE	SUPERVISOR'S SIGNATURE	DATE
CLERK'S SIGNATURE		DATE	ISSUING OFFICER'S SIGNATURE	DATE

FOR CONTROLLED DOCUMENT PICKUP	RECIPIENT'S SIGNATURE	DATE	ID PROVIDED

BENEFIT HOLD (CCHOLD)		
RECIPIENT #	BENEFIT ISSUANCE #	BENEFIT AMOUNT

ACCESS CARD (CCIPAC)						
LINE #						
ISSUA. CODE.						

CASH RECURRING BENEFIT		
CAT/GG		
VENDOR #		
RENT AMOUNT		
ARREARS AMOUNT		

MEDICARE BUY-IN		
SSN #	EFF. DATE	
CLAIM #	OPEN (061)	
DELETE	DELETE (81-SSI)	DELETE (53-DEATH)

PENNSYLVANIA TEMPORARY ACCESS CARD	
EXPEDITED ISSUANCE	
MAIL	PICKUP
EXPIRATION DATE	
NAME:	
LINE #	RECIPIENT #
SSN:	CARD ISSUE #
NAME:	
LINE #	RECIPIENT #
SSN:	CARD ISSUE #

FACILITY / WAIVER PLACEMENT CODE		
	CCIFAC	CCMWAI
LINE #		
FACILITY/WAIVER CODE		
CO/DIST. WHERE PLACED		
BEGIN DATE		
DISCHARGE DATE		
DISCHARGE CODE		

CCCASE	LINE #:							
CASE NAME:		VER:		SSN:		LP:		
CASE NAME - LINE #2:		CODE:						
CASE ADDRESS:						VER:		
CITY:				STATE:		ZIP:		
SCHOOL DISTRICT:		CIVIL SUB DIV.:		TELEPHONE:				

CCINDL

LINE #	NAME, LAST, FIRST, M.I. APPL					DATE OF BIRTH	VER	SEX	RACE	CIT	VER	VET
	SOCIAL SECURITY NO.	SSN CODE	MARIT. ST.	VER	MA RESRCES	HIB NUMBER	VOTER REG CODE		DATE OF DEATH		SRC CODE	
LINE #	NAME, LAST, FIRST, M.I. APPL					DATE OF BIRTH	VER	SEX	RACE	CIT	VER	VET
	SOCIAL SECURITY NO.	SSN CODE	MARIT. ST.	VER	MA RESRCES	HIB NUMBER	VOTER REG CODE		DATE OF DEATH		SRC CODE	
LINE #	NAME, LAST, FIRST, M.I. APPL					DATE OF BIRTH	VER	SEX	RACE	CIT	VER	VET
	SOCIAL SECURITY NO.	SSN CODE	MARIT. ST.	VER	MA RESRCES	HIB NUMBER	VOTER REG CODE		DATE OF DEATH		SRC CODE	

NOTES: