

SNAP GROUP HOME EXIT FORM

_____/_____
(Name of resident) (SSN) left

_____ on _____
(Name of facility) (Date)

_____ was given the EBT card with instructions to go to the local Department of Social Services (DSS) office for EBT training, PIN change, and to receive continued Food Stamp benefits.

or

_____ left the facility without proper procedure and his/her EBT card and remaining benefits are included with this form.

\$_____ benefits were in his/her EBT account when the card was given.

(Signature) (Date)

(Title)

CC: DSS will provide a copy of this form to the resident.

RESIDENT INSTRUCTIONS: If you do not agree with the information contained on this form, please contact the Department of Social Services (DSS) office listed below. (This may be done by telephone, letter, or when you go to DSS for EBT training, PIN issuance, and request for continued benefits.) Also enclosed is an application form for the regular Food Stamp Program. If you are interested in continuing to receive food stamp benefits, please complete the form and contact the address listed below.