

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) EXIT FORM

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

_____ 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 SNAP 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). (This may be done by telephone, letter, or when you go to DSS for EBT training, PIN issuance, and request for continued benefits.)