

**ELECTRONIC BENEFITS CARD RESTAURANT PROGRAM**  
***AUTHORIZATION FORM***

**Worker Code:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Case Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

I have read the EBT Restaurant program fact sheet and request that you take the following action:

- Yes, I choose to participate in the Restaurant Program and I understand that my entire household is eligible. Also, I understand that my Authorized Representative is eligible.
- Yes, I choose to participate in the Restaurant Program. Do not give restaurant access to my Authorized Representative.
- No, I am not interested in the Restaurant Program at this time.

I certify that I meet the criteria for Elderly, Disabled or Homeless.

- Elderly – is 60 years of age or older;
- Homeless – means an individual who lacks a fixed and regular nighttime residence.
- Disabled – received disability payments.
- Disabled SSI – receives Supplemental Security Income (SSI) benefits under Title XVI, or disability or blindness payments under Title II (Social Security Disability Insurance Program) of the Social Security Act.

I understand that I must wait at least five (5) working days before using my EBT card at a restaurant participating in the EBT Restaurant Meals Program to allow time for county processing.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_