TEXAS
Health and Human Services

Form H1172
December 2020-E

EBT Card, PIN and Data Entry Request

Name of Primary Cardholder			TANF EDG No.			SNAP EDG No.
Date of Birth (mm/dd/yyyy)	Gender ◯ Male ◯ Female		Social Security Number (SSN)			
Mailing Address	City		County	State	ZIP	EDG Name ◯ Yes ◯ No

Complete I or II below and give to EBT issuance staff for data entry.

Part I – Request for Issuance

Complete this section to request that EBT issuance staff issue a card.

Name of Person to Receive Card	Date	Time
Card Action Requested ☐ Issue ☐ Mail ☐ Replace ☐ Pend Registration		
If TANF Protective Payee — Mailing Address		
How was identity verified when the card was issued?		

Part II – Notification of Issuance

Complete this section if the advisor logs out the card and issues it to the cardholder in situations such as home visits or itinerant office interviews.

◯ Advisor Issued Card PAN: | | | | | | | | | | | | | | | | | | |

◯ Pend Registration

Receipt Verification: I have received the item(s) marked above.

Signature — Individual _____ Date _____

Signature — Requestor _____ Date _____ Employee No. _____

Signature — Person Completing Request _____ Date _____ Employee No. _____