

STATE OF RHODE ISLAND  
DEPARTMENT OF HUMAN SERVICES  
Request for RI EBT Card

EBT-10  
Rev: 03/13

Date Received:

OFFICE LOCATION (check one):

Providence  Pawtucket  Warwick  Woonsocket  Newport  South County

Last Four Digits of SSN: \_\_\_\_\_ DHS ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If known) MM DD YYYY

\_\_\_\_\_  
Last Name First Name MI

ADDRESS

\_\_\_\_\_  
Street Apt. # City/Town

\_\_\_\_\_  
State Zip Code Phone Number

Check this box if this is a new address. Is this the address where would like your card mailed?  Yes  No

MAILING ADDRESS (if different)

\_\_\_\_\_  
Street Apt. # City/Town

\_\_\_\_\_  
State Zip Code

Is this the address where you would like your card mailed?  Yes  No

Why you are requesting a new EBT card?

- The card does not work
- The card was stolen
- The card is lost
- The card was destroyed
- I do not have access to the card
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

.....  
Write in this section only if you are an Authorized Representative and/or an Authorized Payee:

Authorized Representative  Authorized Payee  Both Authorized Representative & Payee

\_\_\_\_\_  
Last Name First Name MI

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Signature Date

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