

GEORGIA DEPARTMENT OF FAMILY AND CHILDREN SERVICES  
DIVISION OF FAMILY AND CHILDREN SERVICES

**REQUEST FOR RE-OBLIGATION OF BENEFITS FORM**

**DATE:** \_\_\_\_\_

**TO:**            **DFCS/OFI/OIT**                            **DFCS FAX Number(404) 463-7501**

**FROM:**        \_\_\_\_\_ **County Department of Family and Children Services**  
Complete Sections I, II, III and the authorization signature. FAX the completed form to the fax number listed above.

**I. COUNTY INFORMATION**

**Requested By: (Name)** \_\_\_\_\_ **County** \_\_\_\_\_

**County Number** \_\_\_\_\_ **FAX Number** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**II. This is a request for re obligation of benefits:**

<b>FROM</b>	<b>TO</b>
<b>Client Name:</b> _____	<b>Client Name:</b> _____
<b>EBT ACC'T #:</b> _____	<b>EBT ACC'T #:</b> _____
<b>Client ID #:</b> _____	<b>Client ID #:</b> _____
<b>AU #:</b> _____	<b>AU #:</b> _____
<b>Case Type: FS</b> ____ <b>TANF</b> ____	<b>Case Type: FS</b> ____ <b>TANF</b> ____

**III. Reason why re-obligation of benefits is requested (explain below):**

**County Approval :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
County EBT Coordinator or Supervisor

**State Office Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
State DFCS OFI/EBT Liason

**Benefit(s) Entered By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
OIT/EBT Systems Support