GEORGIA DEPARTMENT OF HUMAN RESOURCES

ELECTRONIC BENEFIT TRANSFER

CONTROL LOG-EBT CARD SIGN IN/SIGN OUT

BENEFIT REPRESENTATIVE/GUARDIAN

CASE NAME	CASE NUMBER	CARD NUMBER	CARD SIGNED OUT BY: SIGNATURE	DATE/TIME SIGNED OUT	NAME OF AUTHORIZING OFFICIAL	DATE/TIME SIGNED IN	CARD RETURNED TO: SIGNATURE	CARD SIGNED IN BY: SIGNATURE

Form EBT 5
(Rev. 04/04)