

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
ELECTRONIC BENEFIT TRANSFER  
FAMILY SERVICE WORKER/RECIPIENT RECEIPT**

**BALANCE INQUIRY:**

Cash \_\_\_\_\_ Food Stamp \_\_\_\_\_ Initials \_\_\_\_ (Rec)

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_ (FSW)

Card received from recipient \_\_\_\_\_ / \_\_\_\_\_  
Date/Time Recipient's Initials

I, \_\_\_\_\_, certify that \_\_\_\_\_ did use  
Family Service Worker

my food stamp benefits in the amount of \$ \_\_\_\_\_ and/or did access my cash  
account for \$ \_\_\_\_\_ on \_\_\_\_\_.

Card returned to recipient. \_\_\_\_\_ / \_\_\_\_\_  
Date / Time Recipient's Initials

**BALANCE INQUIRY:**

Cash \_\_\_\_\_ Food Stamp \_\_\_\_\_ Initials \_\_\_\_ (Rec)

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_ (FSW)

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Service Worker Signature

\_\_\_\_\_  
Date