

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

REQUEST FOR MANUAL ISSUANCE 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. REASON FOR REQUEST

Reason Why Benefits Cannot Be Issued Thru Eligibility System:

___ Case Hung in SUCCESS

Date Reported to SUCCESS Helpdesk _____

Helpdesk Representative _____

___ Other – Explain Below _____

III. This is a request to manually issue benefits in the EBT Application System as follows:

Client Name: _____ EBT ACC'T #: _____

Client ID #: _____ AU #: _____

Case Type: FS ___ TANF ___

Benefit Period: (MM/CCYY) ___/___/___/___

Benefit Amount to Issue: _____ .00 _____ .00 _____ .00

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