

Iowa Department of Human Services

EBT ACCOUNT ACTIVITY REQUEST

You have asked for a record of the actions in your EBT account. We will return a printout to you. Please fill in the blanks here, so we can be sure that you get the information you need. Thank you.

Name _____

The number on your EBT card _____

Dates you want records for _____

If you want the printouts sent to you, write your address here.

Name

House or Apartment Number and Street

City State Zip Code

If you want the printouts sent to your DHS worker, check below

Send to my worker in _____ County

Completed by local office

Social Security number _____
Case number _____
Program: ___ ADC ___ Refugee Assistance