

## ID CARD UPDATE FORM

CASE NUMBER:	CASE NAME:	DATE:
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**WIDMNU (ID CARD MENU)**

<b>1</b>	<p><b>Section</b> <b>Function:</b> (check one)</p> <p><input type="checkbox"/> 1 ID Card Update, Case Update <span style="margin-left: 200px;"><input type="checkbox"/> 3 Auth Rep Card Request</span></p> <p><input type="checkbox"/> 11 EBT PIN Mailer Request (<input type="checkbox"/> Client <input type="checkbox"/> Auth Rep.) <span style="margin-left: 20px;"><input type="checkbox"/> 4 Plastic Only Request</span></p> <p>CIN _____ App Reg # _____ Line # _____</p> <p>Card Number 600486 _____ Case Number _____</p>
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**WIDUPD/WIDARP**

<b>2</b>	<p><b>Section</b> <b>REASON CODE:</b> (check one)</p> <p><input type="checkbox"/> 01 Lost <span style="margin-left: 150px;"><input type="checkbox"/> 04 Mutilated</span> <span style="margin-left: 100px;"><input type="checkbox"/> 09 Other/New</span></p> <p><input type="checkbox"/> 02 Stolen/Never Received <span style="margin-left: 100px;"><input type="checkbox"/> 06 Surrendered</span></p> <p><input type="checkbox"/> 03 Defective MAG Strip <span style="margin-left: 100px;"><input type="checkbox"/> 07 Tempcard Lost-Stolen</span></p> <p><b>REVISE MAILING ADDRESS</b> Street _____</p> <p>For requested card: City/Town _____ State _____ Zip Code _____</p> <p><b>PHOTO ID:</b> (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>Auth Rep Name _____</p> <p style="text-align: center;"><i>First</i> <span style="margin-left: 100px;"><i>MI</i></span> <span style="margin-left: 100px;"><i>Last</i></span></p>
<b>2A</b>	<p><b>Section</b> <b>ADD OR DELETE</b> (check one) <input type="checkbox"/> ADD <input type="checkbox"/> DELETE</p> <p>Individual as PA/FS Payee for Case Case # _____</p>
<b>2B</b>	<p><b>Section</b> <b>ADD A VAULT CARD OR DELETE A CARD</b> (check one)</p> <p><input type="checkbox"/> ADD A VALUT CARD 600486 2 _____ 00</p> <p><input type="checkbox"/> DELETE A CARD #600486 _____</p>

Worker Name (Print Name):	Office	Unit	Worker ID:
Telephone No.:	Form Created By:		

Recipient Signature
Worker Signature
DEO Signature

**INSTRUCTIONS ON REVERSE**

## COMMON IDENTIFICATION CARD ACTION GUIDE AND TRANSMITTAL

To issue a CBIC to a recipient or an applicant.

### Section 1

- Check Function 1 for a plastic CBIC and a temporary cardboard CBIC.
- Check function 4 for a plastic CBIC only.
- For an **APPLICANT** if a CIN exists enter the CIN and registry #; otherwise enter a registry #/line #.
- For a **RECIPIENT** enter a CIN.

### Section 2

- Check Reason Code.
  - If plastic card is to be mailed to other than case address enter a new address.
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To add, change or delete the PA/FS payee on an application in receipt of a BICS pre-reg benefit or to add, change or change the PA/FS payee on a case.

### Section 1

- Check Function 1
- For an **APPLICANT without** a CIN enter the line number and registry #.
- For an **APPLICANT with** a CIN enter both the CIN and the registry #.
- For a **RECIPIENT** enter a CIN.
- Enter the case number.

### Section 2A

- Check either Add or Delete

**NOTE:** If you Delete a payee you should replace that payee with another one. If not, then no one on the case can receive the benefits for the case.

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To issue an Authorized Representative card

### Section 1

- Check Function 3
- Enter the CIN of a case member who is a PA/FS payee.

### Section 2

- Check reason code.
  - Indicate if a photo is desired by checking **Yes** or **No**.
  - Enter Authorized Representative name.
  - If plastic card is to be mailed to other than case address enter a new address.
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To issue a Vault Card or Deactivate a Card

### Section 1

- Check Function 1
- Enter the CIN, or an App Reg #/Line #.

### Section 2B

- Check ADD A VAULT CARD – (Leave card number area blank to request a vault card) OR  
DELETE A CARD – Write in the card number to be deleted) OR  
Delete ALL Cards for a client by writing in "ALL" in the card number area
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To mail a PIN to a client or an Authorized Representative

### Section 1

- Check Function 11
- Enter the CIN, or an App Reg #/Line #.
- Check Client or Authorized Representative.