

Manual Revision Memorandum

ISD-MR 16-11

TO: ISD Employees
FROM:  Marilyn Martinez, Director, Income Support Division
RE: EBT Recipient Sworn Statement of Identity
DATE: April 22, 2016

This MR is being sent to notify ISD staff of the EBT Recipient Sworn Statement of Identity under penalty and perjury that can be used when a recipient does not have appropriate identification when picking up an Over the Counter EBT card (OTC card). The worker should compare the signature on the Sworn Statement form to the recipient signature on a document in the ECF for authenticity. If there is no signature on file, a picture ID in the ECF may also be used for authenticity in lieu of signature comparison.

This form has been posted to the forms drive ([\\disfasv025\ISDForms](#)) as EBT Recipient Sworn Statement of Identity – EBT 005 (English) and EBTSP 005 (Spanish).

If you have any questions regarding this MR, please contact Janee´ Casaus, EBT Staff Manager by email at janee.casaus@state.nm.us.

Enclosures: EBT Recipient Sworn Statement of Identity Form – EBT 005
EBT Recipient Sworn Statement of Identity Form – EBTSP 005



EBT Recipient Sworn Statement of Identity

ASPEN Case Number: _____

I swear under penalty of perjury that I am _____
Printed Name

My date of birth is: _____

Recipient Signature

Witnessed by:

HSD/ISD Witness - Printed Name

Signature

EBT 005 – April 2016



Declaración jurada de identidad de beneficiario de transferencia de beneficios electrónica (EBT)

Número de caso ASPEN: _____

Juro bajo pena de perjurio que soy _____.
Nombre en letra de molde

Mi fecha de nacimiento es: _____.

Firma del beneficiario

Atestiguado por:

Testigo HSD/ISD – Nombre en letra de molde

Firma

EBTSP 005 – Abril de 2016

