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## MANUAL REVISION MEMORANDUM

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**ISD – MR 16- 4**

**To: ISD Employees**

**From: Marilyn Martinez, Director, Income Support Division** *MM*

**RE: EBT Card Quarterly Report Form and Instructions**

**Date: February 5, 2016**

This MR is being sent to notify ISD staff of the revised EBT Card Quarterly Report Form - EBT 003 and Quarterly Report Instruction Form – EBT 004.

Please remove and discard any previous forms and replace with the revised forms.

These forms have been posted to the forms drive (:DITSFASV025\ISDForms)

If you have any questions regarding this MR, please contact Janee´ Casaus, EBT Staff Manager at 505-383-2008 or at [Janee.Casaus@state.nm.us](mailto:Janee.Casaus@state.nm.us)

Enclosures:

EBT Quarterly Report Form - EBT 003  
EBT Quarterly Report Instructions - EBT 004

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# Form EBT 004 Instructions

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## EBT Card Quarterly Report

Each County Office will submit the attached form to EBT Customer Service on a quarterly basis. This form should be received by the EBT office no later than **October 31st** for the first quarter (July-September), **January 31st** for the second quarter (October-December), **April 30th** for the third quarter (January-March) and **June 30th** (April-June) for the fourth quarter-end of fiscal year.

The "To" field is prefilled with "EBT Customer Service" and contains the EBT office fax number as well as email distribution address. County Director or authorized personnel will complete the top portion of the form by entering their name, GEO/ADM, office phone number and the date the form is submitted. Submit to [HSD-OTC-Requests@state.nm.us](mailto:HSD-OTC-Requests@state.nm.us). The center portion of the form lists each quarter with the months being reviewed. Place a check mark in the box that corresponds to the appropriate quarter for which the data is being reported.

The bottom of the form contains two tables. The first table, second column, is where any new cards were added to the inventory. The second row is used to enter OTC cards issued for the quarter. The third row is where any defective or damaged OTC cards, also known as "Bad" cards are entered. The fourth row is where the total number of cards taken from inventory is entered.

The second table is used to report the total remaining number of cards available at the end of the quarter. The first row is where the total number of available cards at the beginning of the quarter is entered; this number should match the number of cards remaining at the end of the previous quarter. The second row is where the total number of cards issued including "Bad" cards is entered. The third row is where the total number of cards remaining in inventory is entered. This number is determined by subtracting the number entered in row two from the number in row one.

The completed form can be faxed to EBT Customer Service at **(505) 222-6712** or scanned and emailed to [HSD-OTC-Requests@state.nm.us](mailto:HSD-OTC-Requests@state.nm.us). If you have any questions, please email the HSD-OTC-Requests distribution list.



# EBT CARD QUARTERLY REPORT

To: EBT Customer Service

Fax#: (505) 222-6712

Email: HSD-OTC-Requests@state.nm.us

From: \_\_\_\_\_

|     |     |
|-----|-----|
| GEO | ADM |
|-----|-----|

Phone: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Check the appropriate Quarter:

Qtr #1 – July – September – **Due in October**

Qtr #2 – October – December – **Due in January**

Qtr #3 – January – March – **Due in April**

Qtr #4 – April – June – **Due in June FY End**

|                                  |  |
|----------------------------------|--|
| New Cards added to Inventory     |  |
| OTC Cards Issued                 |  |
| “Bad” Cards Destroyed            |  |
| Total Cards taken from Inventory |  |

|  |  |
|--|--|
| Card stock beginning of quarter            |  |
| Total Cards Issued (including “Bad” cards) |  |
| Cards remaining at the End of the Quarter  |  |

