



EBT SECOND PARTY REVIEW REPORT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
 SFN 3 (6-2024)

Verification of Second-Party Review(s) for personnel performing SNAP authorization and EBT issuance to their own cases(s). The SNAP household must be contacted. This review must be submitted to the State SNAP office two weeks after completion.

Name of County	Name of Director
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EW/ET Personnel Name	Case Number	SSN Verified	EBT Card Number Issued	Date HH was Contacted and Discussion with HH	Date Review Completed
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			

If you require space to list additional names, they may be listed on a separate sheet of paper.

Comments

I attest to the completion of the second-party reviews and accuracy of card issuance for the cases listed above.

Signature of Director	Date
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