CARD PROBLEM REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM/EBT
SFN 208 (7-2024)

Clear Fields

Human Service Zone	Month of Report

Date	*Card Number*	*Case Number*	*Client Name of Back of Card*	*Problem*	*HSZ Worker Initials*	*Date Card Destroyed*

Human Service Zone Official Signature	Date