EBT SECOND PARTY REVIEW REPORT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
SFN 3 (11-2012)

Clear Fields

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

EW/ET Personnel Name	Case Number	SSN Verified	EBT Card Number Issued	Date HH was Contacted and Discussion with HH	Date Review Completed
		☐ Y ☐ N			
		☐ Y ☐ N			
		☐ Y ☐ N			
		☐ Y ☐ N			
		☐ Y ☐ N			
		☐ Y ☐ 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