

## TEMPORARY QUEST CARD REQUEST

**INSTRUCTIONS:** Complete the following form and return it to the agency to see if you can get a temporary QUEST card. Write clearly using blue or black ink.

**Section 1:** If your relationship to the case is not shown, please check "Other" and fill in the blank. If you are not the Primary Person on the case, provide the name of the Primary Person in the appropriate field. If you get your mail at the agency, you don't need to fill in a mailing address. Otherwise, give your current mailing address. This helps make sure that your new permanent card is sent to the correct address.

**Section 2:** Use the space to briefly explain what happened to your existing permanent card and/or why you need a temporary card. A temporary QUEST card can only be given in certain situations. For example, someone who has recently been approved for expedited benefits or someone whose card has been damaged, lost, or stolen and who can't wait until a permanent replacement card comes in the mail to access their benefits. Eligibility for a temporary card is determined by the agency when the request is made.

**Section 3:** Read each statement carefully. Putting your initials in the blank next to each statement tells us that you understand how temporary QUEST cards work, you will follow all QUEST card rules, and you understand what will happen if you do not follow all QUEST card rules. If you do not put your initials by one or more of the statements, you will not be issued a temporary QUEST card.

**Section 4:** Do not fill out Section 4. This section is for the agency to complete.

### Section 1: Identity and Information

Your Name (First, Middle Initial, Last)

Case Number

What is your relationship to the case?

- ☐ Primary Person   ☐ Other Adult Food Unit Member   ☐ Authorized Buyer   ☐ Alternate Payee  
☐ Authorized Representative   ☐ Other: \_\_\_\_\_

Name of Primary Person on Case (if you are not the primary person)

Do you get your mail at the agency?

- ☐ Yes – If yes, you do not need to provide a mailing address below.  
☐ No

What is your mailing address? (Street, City, State, ZIP Code)

### Section 2: Reason for Temporary Card Request

Why are you requesting a temporary QUEST card? In your response, please explain why you cannot wait until a permanent replacement card comes in the mail to have access to your benefits.

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### Section 3: Acknowledgements

Please put your initials by each of the following statements to confirm you understand and agree to them.

- \_\_\_\_\_ I am who I say I am, and the information on this form is true and accurate to the best of my knowledge.
- \_\_\_\_\_ I will only use the temporary QUEST card to spend FoodShare benefits if I am authorized to do so.
- \_\_\_\_\_ I will keep the temporary QUEST card and the personal identification number (PIN) for it safe and secure. If someone else finds out my PIN, I will immediately report the issue to QUEST Card Service at **1-877-415-5164** or **711** (TTY) and change the PIN.
- \_\_\_\_\_ Any FoodShare transactions made with this temporary QUEST card will be considered authorized and benefits will *not* be replaced if the transactions are made by any of the following: me; another member on my case; an authorized buyer; an alternate payee; an authorized representative; or any other person I give my temporary QUEST card and PIN to voluntarily.
- \_\_\_\_\_ This card is temporary and will stop working after 30 days or after a new permanent QUEST card is activated and given a PIN, whichever comes first.
- \_\_\_\_\_ If four or more permanent QUEST cards are issued to my case in a 12-month period, the State may watch my case closely and investigate for potential fraud. If a temporary card gets issued because of this request, the permanent card that is then sent will count toward this threshold.
- \_\_\_\_\_ Each case can only get one temporary QUEST card in a 12-month period, except for specific situations. A temporary QUEST card I get because of this request may count toward that limit.
- \_\_\_\_\_ I may be disqualified, lose FoodShare benefits, or risk fines and/or imprisonment for the fraudulent or illegal use of temporary or permanent QUEST cards.

**SIGNATURE** – Requester

Signature Date

### Section 4: Outcome – LEAVE BLANK FOR AGENCY TO COMPLETE

The worker must complete this section before uploading this form to the electronic case file (ECF). A copy must be provided to the requester or household, if desired.

Was a temporary QUEST card provided because of this request?

☐ Yes

☐ No

Worker CARES ID

Date

This institution is an equal opportunity provider.