Request a Replacement P-EBT or Medicaid CBIC Card

As of June 14, 2021, the New York State Office of Temporary and Disability Assistance (OTDA) began issuing Pandemic EBT (P-EBT) funds to cover the cost of school meals lost due to COVID-related school closures throughout the 2020-21 school year.

You need to request a replacement card **ONLY if you received P-EBT funds for Spring 2020** (prior to June 14, 2021) through a P-EBT card OR a Medicaid CBIC, used the funds, AND lost or discarded the card.

You may need to call **EBT Customer Service, NYS of Health Customer Service**, or complete the online **P-EBT Contact Form**. Follow the flow chart that applies to you/your child. **Steps may vary for each child.**

*If you still have a NYS-P-EBT card or the Medicaid CBIC you used before, you do not need a replacement*

*If you were ineligible for P-EBT funds for Spring 2020, you do not need to request a replacement*

**Request a replacement NYS P-EBT card:** see page 2

- **I previously received a NYS P-EBT card** (before June 14, 2021)
  - I was able to PIN and USE the card
  - My Mailing address IS THE SAME
  - Call EBT Customer Service at 1-888-328-6399

- **I previously received a NYS P-EBT card** (before June 14, 2021)
  - I was able to PIN and USE the card
  - My mailing address CHANGED
  - Complete the P-EBT Contact Form

**Request a replacement Medicaid CBIC:** see page 3

- **I previously used a Medicaid CBIC to access P-EBT funds** (before June 14, 2021)
  - My child is no longer enrolled in Medicaid
  - NYS-OTDA will send you a NEW P-EBT card

- **I previously used a Medicaid CBIC to access P-EBT funds** (before June 14, 2021)
  - My child receives Medicaid through the NYC-HRA (Medicaid only)
  - My mailing address IS THE SAME
  - Call EBT Customer Service at 1-888-328-6399

- **I previously used a Medicaid CBIC to access P-EBT funds** (before June 14, 2021)
  - My child receives Medicaid through the NYS of Health (Health Plan Marketplace)
  - My mailing address IS THE SAME
  - Call NYS of Health Customer Service at 1-855-355-5777
**Tips to Request a Replacement P-EBT Card:** If you previously received a NYS P-EBT card, PIN’ed and used it, **AND** your mailing address remains the same since the first card was issued, and you remember the PIN.

1. Call the EBT Customer Service at **1-888-328-6399**
2. The prompt should ask you to enter the 19-digit P-EBT card#
   a. If you have the P-EBT card #, enter it now
   
   **b. Most people do not have the card# - just stay on the line - do not enter anything**
3. If you do not have the card #, the next prompt should ask you to enter the cardholders’ social security #
   a. For this step, use the DOB of the child whose P-EBT card you are trying to replace
   b. Don’t enter a SS#, instead enter **999-99-MMDD**, using the child’s month and day of birth for the last 4 digits.
   c. EXAMPLE: Child’s DOB is July 1, enter **999-99-0701**

**If you forgot your PIN:** Ignore the prompt to enter PIN and stay on the line, you will be able to speak to a live customer service representative and replace card.

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**Tips to Request a Replacement P-EBT Card:** If you previously received a NYS P-EBT Card, PIN’ed and used it **AND** your address changed since the first card was issued.

2. **Screen 1:** Names
   Parent Name, Child’s Name, Child’s DOB, Child’s School
   **You can add multiple children, as needed**
3. **Screen 2:** Contact Information
   Email, Phone number, Preferred method of contact
   Current mailing address – Enter full mailing address as it appears in mail you receive at home
   Card number - Can be left blank
   **Field #15- Your Issue- From drop down menu, select:**
   "I would like to request a replacement card because the one I had was lost, stolen, or damaged."
4. **Screen 3:** **Field #16** - Additional information about ordering a replacement card will appear on the screen
   **Does this answer your question?**
   Select **NO - this will activate field #17**
5. Complete Field #17 “Please Describe your Question in Further Detail,” as clearly as possible

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**Suggested language for change of address:**
I am requesting a replacement P-EBT card and have an updated mailing address.
Previous Address: 123 Main Street, #1A, New York, NY 10005
Current Address: 456 Main Avenue, Apt. 2B, New York, NY 10005
**Tips to Request a Replacement P-EBT Card:** If you previously used a Medicaid CBIC to access P-EBT funds, PIN’ed and used the CBIC, AND your child continues to currently receive Medicaid through your local department of social services.

**Cardholder:** Access to P-EBT funds through a Medicaid CBIC, may have been the card of a parent or an older sibling. This is the cardholder’s information you will use to request a replacement.

1. *This means your child is enrolled in Medicaid only (no other health insurance)*
2. Call the EBT Customer Service at **1-888-328-6399**
3. The prompt should ask you to enter the 19-digit P-EBT card#:  
   a. If you have the P-EBT card #, enter it now  
   b. *Most people do not have the card# - just stay on the line- do not enter anything*
4. If you do not have the card #, the next prompt should ask you to enter the cardholders’ personal information, such as social security # (SS#) and date of birth (DOB)  
   a. EXAMPLE: If you are requesting the father’s CBIC, use the father’s SS# and DOB

**ADDRESS CHANGE:** This is an automated service, you should confirm that your Medicaid account has your most current mailing address on file **before** requesting a replacement card.

***DON’T mention P-EBT- simply request your replacement Medicaid CBIC card***

**Tips to Request a Replacement P-EBT Card:** If you previously used a Medicaid CBIC to access P-EBT funds, PIN’ed and used the CBIC, AND your child continues to currently receive Medicaid through the NYS of Health: Health Plan Marketplace.

**Cardholder:** Access to P-EBT funds through a Medicaid CBIC, may have been the card of a parent or an older sibling. This is the cardholder’s information you will use to request a replacement.

1. *This means your child is enrolled in Medicaid AND has an additional managed care plan such as Affinity, Healthfirst, Fidelis, etc*
2. Call the NYS of Health Customer Service at **1-855-355-5777**
3. After you select a language  
   a. NONE of the menu options apply  
   b. Press 0 to speak to an operator (you may have to press 0 twice)
4. When you speak to a representative  
   a. Simply state that your child is enrolled in Medicaid through the managed care plan and you lost the Medicaid CBIC card and would like a replacement card
5. Be prepared to provide the cardholder’s personal information, including  
   a. Date of birth and Social Security number  
   b. The account number or health care exchange identification number (such as Affinity, Healthfirst, etc)

**ADDRESS CHANGE:** Confirm with the representative that they have your current mailing address.