

Request a Replacement P-EBT or Medicaid CBIC Card

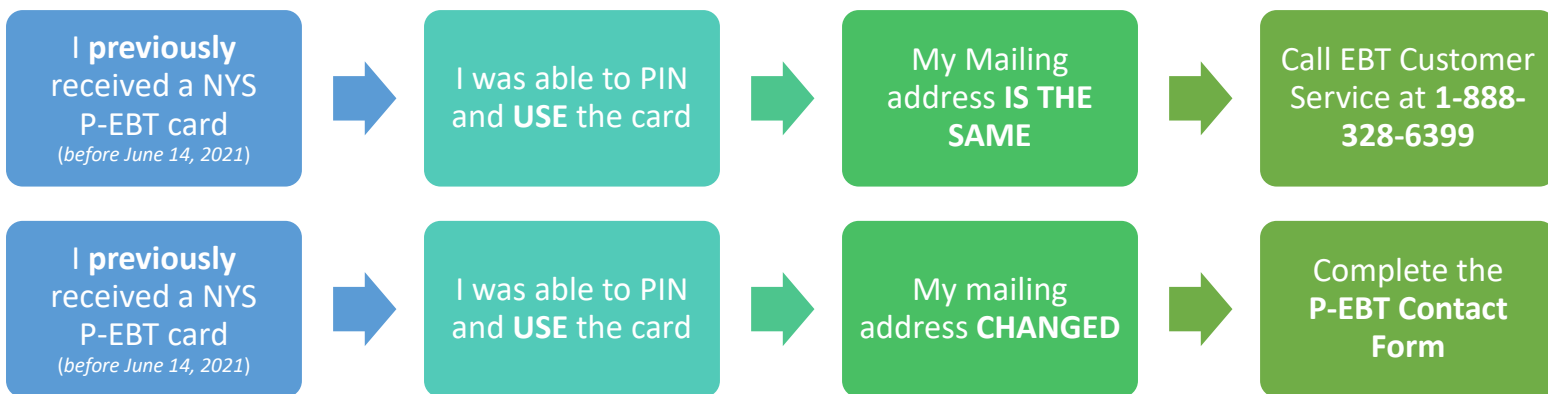
As of June 14, 2021, the New York State Office of Temporary and Disability Assistance (OTDA) began issuing Pandemic EBT (P-EBT) funds to cover the cost of school meals lost due to COVID-related school closures throughout the 2020-21 school year.

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.

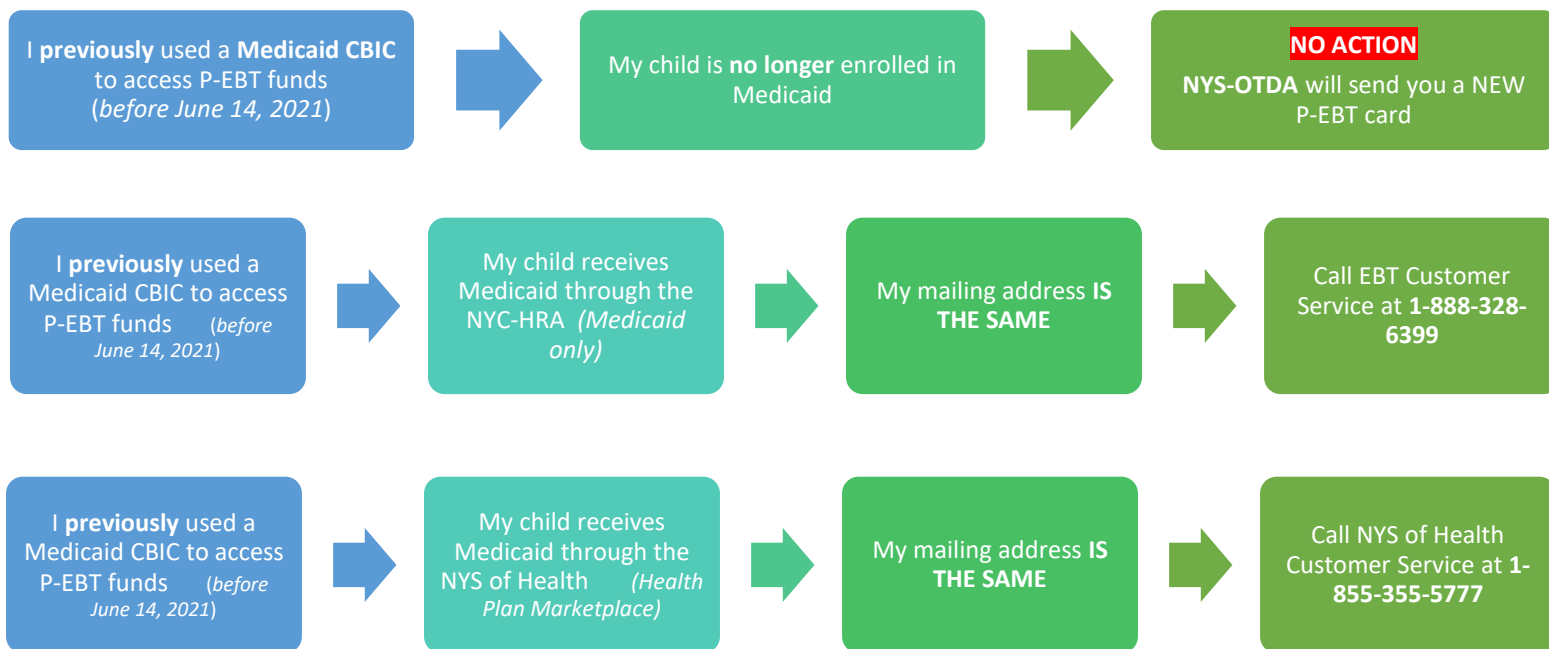
You may need to call **EBT Customer Service, NYS of Health Customer Service**, or complete the online **P-EBT Contact Form**. Follow the flow chart that applies to you/ your child. **Steps may vary for each child.**

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



Request a replacement Medicaid CBIC: see page 3



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.

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.

1. Complete the P-EBT Contact Form: [Bit.ly/PEBTcontactform](https://bit.ly/PEBTcontactform)
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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Your Issue *

Select your answer

I would like to know when my child will receive their P-EBT food benefits for the 2020-2021 school year.

I have questions about my child's P-EBT food benefits for the 2019-2020 school year.

I am not able to activate my card or cannot select a PIN.

I would like to request a replacement card because the one I had was lost, stolen or damaged.

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

Yes

No

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Please describe your question in further detail.

Enter your answer

Submit

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*****

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



*This guidance was created by **Community Food Advocates** and the **Lunch 4 Learning Coalition**. Community Food Advocates is a NYC based non-profit with the missions to ensure all New Yorkers have access to healthy, affordable, and culturally-appropriate foods through equity-centered, high impact public policy.*