



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Transitional Assistance*

CHARLES D. BAKER  
Governor

KARYN POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

JEFF McCUE  
Commissioner

**EBT BLOCKING REQUEST FOR REVIEW FORM**

Complete this form to request a review of the Department's decision to block Electronic Benefit Transfer (EBT) card use in an ATM(s) and/or Point-of-Sale device(s) in your retail establishment. All requests for review will be responded to within 5 business days. Please complete the form with as much detail as possible to expedite the process.

**Business Information**

Business Name:

Address:

Device Blocked: \_\_\_\_\_ATM or \_\_\_\_\_POS

Terminal ID number (if known):

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**Owner Information**

Owner's Name:

Address:

Contact Phone Number:

Contact Email:

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Below please indicate the basis for your request for review:

Completed forms should be mailed or faxed to:

**Department of Transitional Assistance  
Attention: Legal Division  
600 Washington Street, 5th floor  
Boston, MA 02111  
Phone: 617-348-8520  
Fax: 617-348-8575**