SNAP 47 Rev 03/23 08/19 Issue Obsolete

Louisiana Department of Children and Family Services Supplemental Nutrition Assistance Program

SNAP DEACTIVATION EBT CARD LOG

FACILITY NAME:	

Contact Date	Name of Person Reporting Deactivation	Client Name	CID Number	Departure Date	Date EBT Card Received	Deactivation Date	Agency Representative Name and Initials