

Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits

You can use this form to request the replacement of SNAP and/or CA benefits which were stolen electronically through skimming, cloning, phishing, third-party misrepresentation or other similar fraudulent methods. You must report the specific information about the fraudulent transactions. You can find this information by:

- Checking your EBT history at <https://www.connectebt.com/> or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store); or
- Calling the toll-free EBT Customer Service line at 1-888-328-6399. You may use the helpline to:
 - Hear your last ten transactions on the automated menu.
 - Request a printed 2-month statement of your account history from the automated menu or from a customer service representative.
 - Review your transactions with a customer service representative.
 - For transactions more than 15 months ago, you will need to speak to a representative.

Please note, if you have not reported your EBT card lost or stolen and have not yet requested a new EBT card since your benefits have been stolen, your SNAP or CA account is likely still at risk. No replacement benefits may be issued until you have reported your compromised EBT card lost or stolen. To report your card stolen, request a new card, and change your PIN, please call EBT Customer Service at 888-328-6399 or go to <https://www.connectebt.com/>.

Please confirm: I reported my card as lost or stolen after realizing my benefits had been stolen.
 Yes No. (Only YES responses can proceed)

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**Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits (continued)**

A. HOUSEHOLD INFORMATION

<hr/>		
Case Number		
<hr/>		
Case Name		
<hr/>		
Client Identification Number (CIN) (Must be the CIN of the head of household/payee for the case. This is the CIN listed on your EBT card.)		
<hr/>		
Mailing Street Address	Apt./Suite	
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>	<hr/>	<hr/>
Email address (optional)		
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B. BENEFIT THEFT INFORMATION

I, _____, am the head of household or an adult household member for the above-named case and wish to report fraudulent transaction(s) on my EBT card.

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**Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits *(continued)***

B. BENEFIT THEFT INFORMATION *(continued)*

Application for Replacement of Cash Assistance Benefits

(If you have not had any Cash Assistance benefits stolen, please skip this section and move onto the next section).

Date I realized my Cash benefits were stolen	▶	
First Date Cash benefits were stolen <i>(This is the earliest date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, list that date here. Applications listing dates before January 1, 2022 will be denied because Cash Assistance benefits stolen before January 1, 2022 are ineligible for replacement).</i>	▶	
Last Date Cash benefits were stolen <i>(This is the most recent date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, you can leave this item blank).</i>	▶	
Total Cash benefits which were stolen	▶	

Application for Replacement of SNAP Benefits

(If you have not had any SNAP benefits stolen, please skip this section).

Date I realized my SNAP benefits were stolen	▶	
First Date SNAP benefits were stolen <i>(This is the earliest date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, list that date here. Applications listing dates before October 1, 2022 will be denied because SNAP benefits stolen before October 1, 2022 are ineligible for replacement).</i>	▶	
Last Date SNAP benefits were stolen <i>(This is the most recent date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, you can leave this item blank).</i>	▶	
Total SNAP benefits which were stolen	▶	

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**Request for Replacement of Stolen
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TRANSACTIONS

List each fraudulent SNAP or Cash Assistance transaction on a separate line, even for purchases occurring on the same date or at the same retailer. Refer to instructions above. These transactions should total up to the total amount of theft you reported in the section above for SNAP and Cash Assistance. Please carefully indicate the dates, amounts, retailer name and location, and whether the fraudulent transactions were from your SNAP or Cash Assistance case.

Please list the transactions that were NOT made by you:

Date of Transaction	Program Type (SNAP or Cash Assistance)	Transaction Amount	Retailer Name & Location (address) of Transaction

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**Request for Replacement of Stolen
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TRANSACTIONS *(continued)*

Please provide any additional information about the theft you feel is important for us to know. If you had more than 20 fraudulent transactions to report and could not fit them on the lines above, you can list them below.

C. CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I understand and agree to the following:

- I must complete, sign and submit this form to request the replacement of stolen benefits.
- The information provided in this request is true and accurate.
- The submission of this request does not guarantee that my benefits will be replaced.
- If I have knowingly given incorrect information about the facts stated above, I may be charged with an Intentional Program Violation (IPV) and may be subject to civil and criminal penalties including, but not limited to, perjury for a false claim.
- I have a right to a fair hearing to contest the denial or delay of replacement issuance for my household. Replacement would not be issued pending the fair hearing decision.

Name (please print)

Signature

Date