

STATEMENT REQUESTING REPLACEMENT OF ELECTRONICALLY STOLEN SUPPLEMENTAL NUTRITION ASSISTANT PROGRAM (SNAP) BENEFITS

Supplemental Nutrition Assistance Program (SNAP) Electronic Benefit Transfer (EBT) cards may be subject to electronic theft and benefits may be stolen from your account through skimming, cloning your card or other fraudulent activities like scamming (phishing). **Skimming** is the method used by criminals to obtain EBT or credit card information from a card swipe at a retailer point of sale device. **Cloning** is the method of taking data from a skimmer and transferring the data to a magnetic strip of a “cloned” card. **Scams** involve deceiving or misleading a recipient to provide their account information and then using that information to create a counterfeit card.

INSTRUCTIONS FOR RECEIVING A REPLACEMENT OF ELECTRONICALLY STOLEN BENEFITS

If you think you are a victim of electronic theft of your SNAP food benefits, fill out this form completely and include any proof. Return it to your county JFS office within 90 calendar days of the date your SNAP benefits were electronically stolen. Any incomplete or late submission of this form will result in a denial of your request for replacement.

- **Amount Eligible for Replacement:** You may only be approved up to the amount of benefits stolen or the amount equal to two months of your monthly allotment that was issued prior to the date when benefits were stolen, whichever is less. Replacements can only be for benefits electronically stolen between 10/1/2022 through 9/30/2024. Federal law does not allow for Pandemic Electronic Benefits (P-EBT) to be replaced. You cannot receive a replacement if you have received replacement benefits for electronically stolen benefits twice in a federal fiscal year (October 1-September 30).

You will not be eligible to receive replacement benefits until your EBT card has been replaced since the last electronic theft transaction occurred. If you have not done so already, request a replacement EBT card immediately by calling 1-866-386-3071. If you do not request a replacement card, we will do it for you prior to issuing any replacement benefits you are eligible for.

You may get your SNAP benefits replaced if:

- You had your SNAP EBT card with you when benefits were stolen from your account.
- Your card was skimmed by electronic equipment taking your information without your knowledge.
- Your card was cloned without your knowledge.
- You were scammed into giving your EBT card number and personal identification number (PIN) to an unauthorized user that you believed to be the EBT vendor, an approved retailer, or a government entity
- You completed the JFS 07011 (below) within 90 calendar days of the date your SNAP benefits were electronically stolen.


SNAP benefits cannot be replaced if:


- You do not turn in a completed JFS 07011 within 90 calendar days of the date your SNAP benefits were electronically stolen.
 - For benefits electronically stolen between 10/1/22 and 6/16/23, you must turn in a completed JFS 07011 by September 15, 2023, or from the 90th day you were mailed a letter from the county agency indicating you may have been a victim of electronic theft, whichever comes later.
- You gave your EBT card number and/or PIN to someone you know, and your benefits were stolen by them.
- The benefits were electronically stolen prior to 10/1/2022 or after 9/30/2024.
- You have received replacement SNAP benefits for electronically stolen benefits two times in the federal fiscal year (October 1 to September 30).
- You do not provide the county JFS office with the additional information required to complete the JFS 07011 when requested.
- You do not meet the State’s criteria for replacing SNAP benefits that have been electronically stolen.

USDA Nondiscrimination Statement

This institution is an equal opportunity provider.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. 

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **(800) 877-8339**. 

Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, a Complainant should complete a form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **(833)620-1071**, or by writing a letter address to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of alleged discriminatory action in sufficient detail to inform the Assistance Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:



Mail: Food and Nutrition Services, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314 or;



Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov



Fax: (202) 690-7442 or (833) 256-1665

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Please do not send information, such as applications for verifications, to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. Please send application materials or verifications to your local county JFS office.

STATEMENT REQUESTING REPLACEMENT OF ELECTRONICALLY STOLEN SUPPLEMENTAL NUTRITION ASSISTANT PROGRAM (SNAP) BENEFITS

Step 1: Fill out the information in this box - RESPONSE REQUIRED

Name (<i>First, Middle Initial, Last</i>)	SNAP Case Number or Last Four Digits of SSN
Street/Mailing Address	Last Four Digits of EBT Card Number (<i>if known</i>)
Phone Number	For County JFS Office Use Only - Date Form was Received from the Assistance Group

Step 2: Please check boxes below to explain what happened

RESPOND TO THE BELOW AS BEST AS YOU CAN. IF YOU ARE UNSURE AND NOT ABLE TO ANSWER, YOUR ANSWER WILL NOT IMPACT REPLACEMENT ELIGIBILITY.

I BELIEVE MY BENEFITS WERE STOLEN BY:

<input type="checkbox"/> Skimming: The use of electronic equipment to take your information <u>without your knowledge</u>	
<input type="checkbox"/> Cloning: Your SNAP EBT card being cloned (or duplicated) <u>without your knowledge</u> .	
<input type="checkbox"/> Other Fraudulent Methods like scamming (phishing): Falsely convincing you to give your SNAP EBT personal information to someone else.	If you were instructed to contact a suspicious phone number or go to a suspicious website, please give us that information below:

Please use the space below to explain how the loss occurred and provide any other additional information you feel is important to this request:

Step 4: Please review and sign - SIGNATURE REQUIRED

By signing this form:

- I acknowledge that if this statement is not signed and returned to the county JFS office within 90 calendar days of discovering my benefits were electronically stolen, the county JFS office will not replace the loss of SNAP benefits.
- I understand that the county JFS office has 30 days from the date I submitted this form to issue any replacement of SNAP benefits unless the request is denied.
- I have had my SNAP benefits electronically stolen without my knowledge.
- The transactions listed above were not authorized by me or a member of my assistance group.
- I understand that I can only have SNAP benefits that were stolen replaced two times in a federal fiscal year (Oct. 1 – Sept. 30)
- I understand that, if approved, my replacement amount will not exceed the lesser of either the amount of benefits electronically stolen or the amount equal to two months of my monthly allotment amount before the date benefits were electronically stolen.
- To prevent future theft, I will keep my personal information secret.
- I will keep my PIN separate from my EBT card.
- I declare under penalty of perjury that the information I have given on this form is true, correct, and complete to the best of my knowledge.
- I understand that if I knowingly give wrong information or leave out information that I know to be true and I get benefits that I am not eligible for, I will be responsible for repayment, I can be disqualified from getting benefits, I can be fined or charged with a crime.
- I understand that SNAP benefits are issued on the Ohio Direction Card and I am prohibited from using my SNAP benefits to purchase or sell firearms or controlled substances. I understand that I can use SNAP benefits to only buy eligible items. I cannot use SNAP benefits to buy non-food items such as alcoholic drinks, tobacco, etc.
- I understand that I am prohibited from selling, trading or purchasing SNAP benefits and cannot use someone else's SNAP benefits for my household. I can be disqualified from the SNAP program for any of these violations.
- I understand that I must not give false information or hide information to get or continue to receive benefits. If I purposely gave wrong information during an interview, my benefits may be denied or terminated and legal action may be taken against me.
- I understand that if I receive SNAP benefits that I should not have gotten:
 - I may be ordered to repay the benefits
 - I may be charged with fraud
 - I may be fined (up to \$250,000) or sent to prison (up to 20 years) or both
 - I may be prohibited from receiving benefits in the future.

Your Signature

Date

Step 5: Submit This Form to Your County JFS Office by:

- **Mail:** Mail the requested information to your county JFS office
- **In-person:** Visit your county JFS office