



SNAP Stolen Benefit Replacement Request

This form must be used to request the replacement of SNAP food benefits that were stolen by electronic fraud. This form must be completed and signed by the food benefit case head, an adult food benefit household member, or the food benefit authorized representative. You must list the stolen transactions and sign this form before it can be processed. Please see the back of this form for instructions and rules.

Household Information

First Name	Last Name		
Street Address	City	State	Zip Code
Email Address	Phone Number	Date of Birth	Last 4 Digits SSN

Stolen Benefit Information

Have you requested replacement benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you already asked for a new EBT card? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you already changed your EBT PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No When was the last date you used your EBT card? _____ Have you recently used your EBT card in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____	Did you give your EBT card number or PIN to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you have your EBT card when the theft occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, was your card? <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Being used by someone for your household Have you ever used your EBT card to buy food online? <input type="checkbox"/> Yes <input type="checkbox"/> No Online Stores: <input type="checkbox"/> ACME <input type="checkbox"/> Amazon <input type="checkbox"/> BJ's <input type="checkbox"/> Food Lion <input type="checkbox"/> Giant <input type="checkbox"/> Shoprite <input type="checkbox"/> Target <input type="checkbox"/> Walmart <input type="checkbox"/> Other: _____
---	---

Please list the stolen transactions from your EBT card. Please attach another page if necessary.

ARMS USE ONLY

Transaction Date	Transaction Amount	Retailer Name	Retailer City, State	Approved	Denied
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional information or comments:	<input type="checkbox"/> All Transactions Approved <input type="checkbox"/> Transactions Partially Approved <input type="checkbox"/> All Transactions Denied – Not Electronic Fraud	Total Amount Stolen: \$ _____
-------------------------------------	---	----------------------------------

Household Certification

I confirm the information on this form is true and correct. I understand this information will be checked and used to replace only food benefits that were electronically stolen from my EBT card. I have read the benefit replacement rules. I understand if I give false information on purpose, my benefit replacement request may be denied, I may be disqualified from getting food benefits, I may be prosecuted under applicable state and federal criminal laws, and I may have to repay the replaced benefit amount.

Signature REQUIRED _____ Printed Name _____ Date _____

REPLACEMENT DETERMINATION – DSS USE ONLY

APPROVED	\$ _____ for benefit month/year _____ <input type="checkbox"/> Approved Replacement: \$ _____ for benefit month/year _____ \$ _____ for benefit month/year _____
DENIED	<input type="checkbox"/> Benefits were not stolen electronically <input type="checkbox"/> Transactions are before October 1, 2022 <input type="checkbox"/> P-EBT <input type="checkbox"/> Household already received two replacements this replacement period (December 1, 2023 – September 30, 2024) <input type="checkbox"/> Household did not report stolen benefits within 60 days (new claim) or by May 29, 2024 (retroactive claim) <input type="checkbox"/> Form not completed by FB household member or authorized representative <input type="checkbox"/> Form missing transaction information or not signed <input type="checkbox"/> Other: _____

Do You Need Help With This Form?

- To get your EBT transaction history, call EBT Customer Service at **1-800-526-9099** or log in to www.ConnectEBT.com.
- Call **1-866-843-7212** (Monday through Friday, 8:00 AM to 4:30 PM).
- Visit your local DSS or DMMA office.

Return and Processing Instructions

Please return your completed and signed form.

- **Email:** DHSS_DSS_StolenSNAP@delaware.gov
- **Fax:** 302-453-2853
- **Mail:** DSS Quality Assurance, 501 Ogletown Road, Newark, DE 19711
- **Drop-off:** Any DSS or DMMA location (dhss.delaware.gov/dhss/dss/ofclocations.html)

Deadlines for Benefit Replacement Requests:

- If your benefits were stolen from **October 1, 2022 to November 30, 2023:** You have until **May 29, 2024** to return this form to us.
- If your benefits were stolen from **December 1, 2023 to September 30, 2024:** You have **60 days** from the date your food benefits were stolen to return this form to us.

You must complete, sign, and return this form to get your stolen food benefits replaced on your EBT card. If you already reported stolen benefits to us, you must still complete this form. We cannot replace your benefits without a signed form.

We will replace your stolen food benefits up to the allowed amount if you are eligible, and we can prove your benefits were stolen by electronic fraud. We will process your request within 10 business days. We will check your identity and EBT transactions. We may contact you for more information. We will notify you if your request is approved or denied. You can ask for a fair hearing if you do not agree with the benefit replacement decision.

Benefit Replacement Rules

The benefit replacement rules are part of federal law. Delaware cannot change these rules.

Your food benefits may be eligible for replacement if they were stolen from your SNAP EBT card from **October 1, 2022 through September 30, 2024** by card skimming, card cloning, phishing, or other electronic fraud.

- **Card Skimming:** A device is illegally put on a card reader at checkout to steal EBT card numbers and personal identification numbers (PINs).
- **Card Cloning:** Criminals use stolen EBT card information to make fake EBT cards to steal food benefits.
- **Phishing:** Scams that target EBT cardholders using phone calls, emails, or text messages to steal your personal information.

We can only replace your stolen food benefits two (2) times during the benefit replacement period of December 1, 2023 through September 30, 2024.

We CAN replace:

- Monthly food benefits, emergency food benefits, and disaster food benefits that were stolen from your EBT card.
- Food benefits that were electronically stolen when you had your SNAP EBT card in your possession.
- Food benefits that were stolen from October 1, 2022 through September 30, 2024.

We CANNOT replace:

- P-EBT benefits that were stolen from your EBT card.
- Food benefits that were stolen because someone misused your physical EBT card and had your PIN.
- Food benefits that were stolen before October 1, 2022.

Benefit Replacement Amounts

The most we can replace in food benefits is the amount that was stolen **or** the amount equal to two (2) months of your food benefits before the theft occurred, **whichever is less**. Your benefit replacement will be rounded to the nearest dollar amount.

Example 1: A household had \$275 in food benefits stolen from their EBT card. Their monthly food benefit amount before the theft was \$150. Because the amount stolen (\$275) is less than 2 months of the household's food benefits ($\$150 \times 2 = \300), the household will get \$275 in food benefits replaced on their EBT card.

Example 2: A household had \$500 in food benefits stolen from their EBT card. Their monthly food benefit amount before the theft was \$150. Because the amount stolen (\$500) is greater than 2 months of the household's food benefits ($\$150 \times 2 = \300), the household will get \$300 in food benefits replaced on their EBT card.

Protect Yourself from EBT Fraud

- Report stolen benefits immediately by calling 1-866-843-7212.
- Cancel your EBT card right away if you believe your benefits were stolen. Call EBT Customer Service at 1-800-526-9099 to get a new EBT card and PIN to protect your food benefits.
- Avoid simple PINs. Number combinations such as 1111, 1234, or 9876 may be easy for others to guess.
- Change your EBT PIN often by calling EBT Customer Service at 1-800-526-9099 or online at www.ConnectEBT.com.
- Do not share your EBT card number or PIN. We will never contact you to ask for this information.
- Examine the card reader before swiping your EBT card to look for skimming devices. Do not use card readers that look suspicious or unusual.
- Review your EBT account balance and transactions often to check for purchases you did not make. If you see any, change your PIN right away and contact us.