MMAM

EBT-20 (New 07/23)

REQUEST FOR REPLACEMENT OF ELECTRONICALLY STOLEN BENEFITS

INSTRUCTIONS

If your New Jersey Supplemental Nutrition Assistance Program (NJ SNAP) and/or Work First New Jersey (WFNJ) cash assistance benefits were stolen electronically and you need replacement benefits, complete this form and return it to your County Board of Social Services. They can help you complete the form in person or over the phone. You must complete and return this form to your County Board of Social Services within 30 days of discovering that your benefits were stolen and you must immediately re-PIN or replace your EBT card.

HOUSEHOLD INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Last 4 Numbers of SSN: _____ Case Number: _____ Last 4 Numbers of Affected EBT Card: _____

ATTESTATION

- "**Skimming**" means illegally attaching a device to a point-of-sale machine to steal EBT card information or a PIN.
- "**Cloning**" means copying stolen EBT card information to a new card.
- "**Scamming**" means convincing someone to disclose their EBT card information, often by a fraudulent phone call or text message that pretends to be from an official government agency (commonly known as "phishing.")

I believe that someone stole my EBT benefits by skimming, cloning, scamming, or other similar electronic theft.

☐ **Yes** ☐ **No**

Total Amount of Benefits Stolen: NJ SNAP _____ and/or WFNJ/cash _____

Date I first discovered that my benefits were stolen: _____

I re-pinned or replaced my EBT card after discovering that my benefits were stolen: ☐ Yes ☐ No

I believe that stolen benefits were used in the following transactions (add extra pages if needed):

Date of Transaction	Dollar Amount of Transaction	Program – NJ SNAP or WFNJ/cash	Name of Place Where Transaction Occurred	Address of Place Where Transaction Occurred

I had my EBT card with me when the transactions listed above took place:

☐ **Yes**

☐ **No,** my card was lost or stolen on _____

☐ **No,** I gave my card to someone on _____ who used it to steal my benefits

The last time I used my EBT card before the theft was Date: _____ Location: _____

Please provide any other information you feel is important:

SIGNATURE

I attest that the information I have given is correct and complete to the best of my knowledge. I understand that if I knowingly give false information or leave out information that I know to be true then I may be subject to civil and/or criminal penalties, I may be disqualified from receiving benefits, and I will be responsible for repayment of any benefits received for which I was not eligible.

I also authorize the New Jersey Division of Family Development (DFD) and/or the County Board of Social Services to discuss my claim of stolen benefits and disclose case specific information to any law enforcement agency directly involved in the investigation of this claim.

I understand that if I submit this form online, typing in my name below has the same legal effect and enforceability as my written signature.

Signature (only if returning form by mail or in-person): _____ Date: _____

Print/Type Name: _____

Relationship to Household: ☐ Self ☐ Authorized Representative ☐ Other: _____

SUBMIT

AGENCY USE ONLY

Date theft reported (postmark date if form mailed): _____ Validation Method: _____

Agency Name: _____ Agency Worker Name (Please Print): _____ Agency Worker Phone Number: _____

Case Notes:

Complete if telephonic signature:

On _____ (date) at _____ (time) I affirm that all elements of this form were reviewed with _____ (household member) who confirmed the accuracy of those elements and provided verbal consent to submit the form.

Agency Worker Signature: _____