

REPORT OF ELECTRONIC THEFT OF BENEFITS

Instructions: Fill out this form completely and return it to your county worker. Any delays in the completion and/or submission of this form may cause a delay in the processing of your replacement.

INSTRUCTIONS TO REPORT ELECTRONIC THEFT OF BENEFITS:

If you think you are a victim of electronic theft of your Electronic Benefit Transfer (EBT) benefits, call the toll-free California EBT Customer Service number.

- EBT Customer Service is open 24 hours a day, 7 days a week: **1-877-328-9677**
- **TTY: 1-800-735-2929 (Telecommunications Relay Service for Hearing/Speech Impaired)**

You may get your EBT benefits replaced if:

- You had your EBT card with you when benefits were stolen from your EBT account.
- You still retain the EBT card used in the electronic theft and you give it to your county welfare department.
- You called the California EBT Customer Service Helpline and reported your lost benefits to an EBT Customer Service Representative. Customer Service will give you a dispute claim number. Write this number on the Report of Electronic Theft of Benefits form EBT 2259.
- You file a police report about your stolen cash aid benefits. **You are not required to file a police report if only food benefits were stolen.**
- You completely fill out the EBT 2259 and give it to your county worker.
- You write the police report number _____ on the EBT 2259 or tell the county worker why you could not file a police report.
- You **had** the EBT card used in the theft with you when benefits were stolen from your EBT account and you knowingly provided your EBT card number and personal identification number (PIN) to an unauthorized 3rd party that you believed to be the contracted EBT vendor, an approved retailer or a government entity, but not more than one time in a 36-month period for cash benefits nor more than two times in six months for food benefits. This is known informally as a scam.

Instructions for filing a police report for your stolen cash benefits:

- Contact your local city or county police department. **DO NOT CALL 911.** Look for a non-emergency phone number for the police department.
- You may be able to file a police report by phone, in person, or on the police department's website. Check your local police department for how to file a report. The police report will have a file number. Keep a copy of this number. You need to write it on the EBT 2259.
- You can waive the police report filing if you have good cause. Please call your county worker and explain your good cause for not filing a police report, so a good cause review can be made.
- **Report of EBT electronic theft and any future claims may be referred for investigation.**

EBT benefits cannot be replaced if:

- You do not turn in a completed EBT 2259 within 90 calendar days from the date of the electronic theft transaction.
- Your EBT card has been **lost or stolen**.
- You gave your EBT card number and personal identification number to someone you know and your benefits were stolen by them.

ELECTRONIC BENEFIT TRANSFER (EBT) IMPORTANT INFORMATION

- If your EBT card was lost/stolen report it immediately to **EBT Customer Service at 1-877-328-9677**, so they can cancel your card and give you a new one.
- Electronic theft is a form of identity theft. Keep your EBT card and Personal Identification Number (PIN) safe! Keep your PIN secret!
- The County, State, and Federal Government will never ask you for your PIN.
- The EBT vendor, grocery store, farmers' market or any cashier or manager will never ask you for your PIN.
- If someone asks for your PIN, they are trying to steal your benefits. Do not give them your PIN!
- Do not carry your social security number (SSN) with you.
- **NEVER** enter your PIN if you think someone is watching you. Someone might steal your EBT benefits if they know your EBT card number and PIN.
- Cover the EBT machine's keypad with your hand when entering your PIN.
- **NEVER** tell your PIN to a store clerk, even if they ask for it. If you need help using your card, you may want to consider having someone you can trust listed as your authorized representative. Contact your county worker to set this up.
- You can change your PIN anytime by calling **EBT Customer Service at 1-877-328-9677** or by going into your local county welfare office.
- Your PIN number should not be 1234, 1111 or 0000. These PINs are easy for thieves to guess.
- If you have other EBT cardholders in your household remind them to keep their EBT cards and PINs safe too. Someone who knows your card number, SSN, and your date of birth may be able to change your PIN.
- If your EBT card does not work, do not continue to swipe your card through the EBT machine. This is how some electronic theft occurs.
- Whenever possible, do not shop at a store you believe may be stealing your information or benefits.
- **DO NOT** use your EBT card at an ATM or EBT machine that looks like it has been damaged or tampered with, it may be stealing your EBT card information and PIN.
- If you no longer want to use EBT for your cash benefits, you can have them directly deposited into your bank account. Contact your county worker or local county welfare office to get more information.
- Please report any suspicious EBT activity to the fraud hotline at: **1-800-344-8477**.

RECIPIENT INFORMATION

Last Name:	First Name:	Middle Initial:	EBT Card Number:	
Address (Street or P.O. Box):		City:	State:	Zip:
Phone Number:		Email Address:		

INCIDENT INFORMATION

I believe my benefits were stolen by:		
Skimming: The use of electronic equipment to take your information <u>without your knowledge</u> . Scamming: Falsely convincing you to give your EBT and/or personal information to someone else.	I was scammed <input type="checkbox"/> <i>If checked, please complete EBT 2259A.</i>	My card was skimmed <input type="checkbox"/>
I have had my EBT card with me at all times:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I last used my EBT card on:	Date:	At (Location):
I filed a police report on:	Date:	Report Number:
Name of police or sheriff's department:		
I did not file a police report: <input type="checkbox"/>		
Reason for not filing a police report:		
If you were instructed to call a number or go to a website, please provide that number or website.		
If a text message, number you were instructed to call:	Website you were instructed to visit:	

SUBJECT INFORMATION

<input type="checkbox"/> I have information about who stole my benefits. If yes, please provide information about that person.			
Last Name:	First Name:		Relationship To You:
Address:	City:	State:	Zip:
Additional information about the person and incident:			

TRANSACTIONS

Please list all the cash theft transactions below. (Use additional pages if necessary)

Date of Transaction(s)	Amount of Transaction(s)	Name of Location Where Transaction(s) Occurred	Address of Location of Transaction(s)	Claim #

Please provide any additional information you feel is important to this incident.

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DECLARATION OF TRUTH

I declare under penalty of perjury under the laws of the United States of America and the State of California 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 and I can be charged with a crime.

Signature of Recipient:

Date:

Signature of Cardholder (If Different From Recipient):

Date:

COUNTY USE ONLY

APPROVED: <input type="checkbox"/>		DENIED: <input type="checkbox"/>			
Case Name:		County:		SUID: Date:	
County Worker Name (Please Print):		County Worker Phone Number:		County Worker Signature:	
CWD Authorizing Signature (Supervisor or Above):			CWD Authorizing Name (Please Print):		
Title of CWD Authorizing:			CWD Authorizing Phone Number:		

COUNTY WELFARE DEPARTMENT! ONCE APPROVED OR DENIED BY A SUPERVISOR OR ABOVE, A COMPLETED COPY OF THIS FORM MUST BE SCANNED AND SENT VIA EMAIL TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES: CDSSEBT@DSS.CA.GOV FAILURE TO DO SO MAY RESULT IN YOUR COUNTY NOT BEING REIMBURSED.