

ATTESTATION AND VERIFICATION OF ELECTRONIC STOLEN BENEFITS

To replace electronic stolen benefits you must tell us about the theft within 30 calendar days from the date the theft is discovered. You must return this form **within 10 calendar days of reporting the electronic stolen benefits to us. The dollar amount that is replaced will not be more than the amount of the 2 monthly allotments prior to the date your benefits were stolen. PEBT benefits that were stolen from your EBT card do not qualify for a replacement benefit.** Benefits can be replaced only twice per fiscal year. You must tell us the date(s) and the amount(s) of the electronic stolen benefits. Failure to do so could result in a delay or denial of your replacement benefits.

Name of EBT Cardholder	Phone Number	Case Number
Date theft was discovered	\$ Total value of lost cash benefits	\$ Total value of lost SNAP benefits

Electronic stolen benefits include: Skimming (the use of electronic equipment to take your card information without your knowledge), **Card Cloning** (copying stolen EBT card information to a new card), and **Similar Fraudulent Methods**. **Similar Fraudulent Methods** may include, but are not limited to, **Phishing** and **Scamming**. **Scamming** is falsely convincing you to give your EBT and/or personal information to someone else. **Phishing Scams** occur when criminals use phony text messages and phone calls to obtain EBT card numbers and PINs.

Please describe your electronic stolen benefits incident:

I last used my EBT card on	Date:	At (Location):
I currently have my EBT Card	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date lost:

Please list all the electronic stolen benefits transactions below. (Use additional pages if necessary) You can use the ebtEDGE app on your mobile phone or call EBT customer service 1-888-997-9777 to help with transaction history information.

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

I attest under penalty of unsworn falsification, pursuant to RSA 641:3 that I lost my household's cash and/or SNAP benefits due to skimming, card cloning, and similar fraudulent methods. I have read and I understand the penalties for giving false information explained on the back of this form.

Signature of EBT Cardholder	Date
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PENALTY WARNING

Anyone who intentionally makes a false statement or misrepresents his or her circumstances may be found guilty of violating state law. The penalties are a class A felony where the value of the monetary award or goods or services exceeds \$1,000; a class B felony where the value exceeds \$100; and a misdemeanor where the value does not exceed \$100. RSA 167:17-b and 17-c.

NOTICE OF RIGHT TO AN ADMINISTRATIVE APPEAL

You or someone representing you may request an Administrative Appeal if you are not satisfied with DHHS' decision to deny or delay the replacement of your lost benefits. Replacements will not be made while your appeal is pending. To request an Administrative Appeal, you can contact the Appeals Unit directly at 1-800-852-3345, extension 4292. You can also write your own letter to ask for an appeal. Send your written request to DHHS at 105 Pleasant Street, Concord, NH 03301-6521. You may represent yourself, have an attorney, or another person such as a relative or a friend to represent you at an Administrative Appeal. DHHS will not pay for the cost of any legal services you may want. However, there are free and reduced cost legal services available in NH. For information on these services or a referral, please call New Hampshire Legal Aid at 1-800-639-5290.

NONDISCRIMINATION STATEMENT

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. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

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://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant 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:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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