

**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 Social Service Agency. They can help you complete the form in person or over the phone. You must complete and return this form to your County Social Service Agency within 30 days of discovering that your benefits were stolen and you must immediately re-PIN or replace your Electronic Benefits Transfer (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 understand that if I do not re-pin or replace my card, then my current card will be canceled and a new one sent to me prior to the disbursement of any replacement benefits.

I also authorize the New Jersey Division of Family Development (DFD) and/or the County Social Service Agency 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:

Download completed form and return it to your County Social Service Agency or email to: [DFD.Firm@dhs.nj.gov](mailto:DFD.Firm@dhs.nj.gov)

**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 \_\_\_\_\_ at \_\_\_\_\_ I affirm that all elements of this form were reviewed with \_\_\_\_\_

(date)

(time)

(household member)

who confirmed the accuracy of those elements and provided verbal consent to submit the form.

Agency Worker Signature: