



Affidavit of Stolen SNAP Benefits

Use this form if you need replacement SNAP benefits because your SNAP benefits were stolen due to card skimming, cloning, and similar fraudulent methods.

1. To receive replacement SNAP benefits, you must show proof your SNAP benefits were stolen due to card skimming, cloning, and similar fraudulent methods between 10/1/2022 and 12/20/2024. **To show proof your SNAP benefits were stolen, you must also complete pages 1 and 2.**
2. Complete and sign this form and return it to DSS by _____.
(insert date in above blank to be 10 business days from date client calls to report stolen benefits)
3. Please provide the below information of each transaction you are disputing and requesting a replacement.

Transaction Date	Retailer Name	Retailer Address/Location	Amount
			\$
			\$
			\$
			\$
			\$
Total			\$

4. Please explain how you believe your benefits were stolen.
5. Did you have your card in your possession during the time the fraudulent transaction(s) took place? Yes No
6. Did you order a new EBT card after you found out your benefits were stolen? If not you should order a new card. Yes No
7. Did you make any online purchases for store pick up or delivery the month of stolen benefits? Yes No

If yes for online ordering, what was the name of the store? Please Note: Online transactions will not appear in state, they will appear at the stores headquarters out of state.

8. Are you using any type of App for a phone for your EBT account? The official SC EBT app is called Connect EBT. Yes No If yes, what is the name of the app?



9. Did you receive any emails, text messages, or phone calls regarding a locked EBT account?

Yes No

If yes, did you respond and give the information they requested? Yes No

10. Have you ever allowed others to use your EBT card and/or PIN? Yes No

If yes, who did you let use your card, when, and where (store)?

By signing below, I attest to the following:

My name is: _____ My address is: _____

My case # is: _____ My phone # is: _____

I believe my SNAP benefits were stolen due to card skimming, cloning, and similar fraudulent methods.

The date I discovered the SNAP benefits were stolen: _____

The total amount of SNAP benefits stolen: \$ _____

CERTIFICATION – please read carefully before signing below.

I understand the following: (1) I have 30 days from the date I discovered my benefits were stolen to request replacement; (2) Replacement of stolen benefits for a household cannot exceed the lesser of the amount of benefits stolen or the amount equal to 2 months of the monthly allotment of the household immediately prior to the date when the benefits were stolen. **(3) DSS must receive this signed statement within 10 days of the date I reported my loss to DSS in order to receive food replacement;** (4) I can only receive two instances of replacement benefits in each Federal Fiscal Year (FFY).

If I have knowingly given incorrect information about the facts stated above, I may be charged with an intentional program violation (IPV) and may be subject to civil and criminal penalties including, but not limited to, perjury for a false claim. If I am found to have committed an IPV, I will not be eligible for SNAP benefits for 12 months for the first violation, 24 months for the second violation, and forever for the third violation.

Signature

Date



Here is some additional information for you to keep to assist with preventing theft of benefits:

- Do not give your EBT card to non-authorized household members.
- Do not provide your EBT card number and/or PIN number to anyone outside your SNAP household, as this would give an individual access to your benefits.
- Your EBT card cannot be accessed without a PIN; Change your PIN often. You can do that today by calling the number on the back of your EBT card. You can also change your PIN online at <https://www.connectebt.com/scebtclient/index.jsp>.
- Routinely check the balance of your EBT card to ensure that there have been no unauthorized purchases. If you wish to check your balance online, make sure you are using Connect EBT which is supported by South Carolina's EBT vendor, Conduent. You can register and create a client portal account at <http://www.connectebt.com/> or download the ConnectEBT mobile app on your iPhone or Android phone.
- Be cautious with any third-party mobile apps or Android app. We strongly recommend only using the official app called Connect EBT. Be cautious with any third-party website unless its approved or supported by SCDSS.
- Change your EBT pin to something not easily guessable or previously used. In addition, you may want to consider changing your pin AFTER each use.
- Do not respond to text message or emails asking you to confirm your card number and pin.
- Be careful when checking out at a retail store, looking for skimming devices when using your EBT card. If you notice something suspicious, do not use your EBT card and report to store.

Page 3 is for you to keep!