**Food Assistance and/or Cash Assistance (TANF) Template for Stolen Benefits Claim**

**(Card Skimming or Card Cloning)**

Electronic Benefit Transfer Unit

**SECTION 1: Agency Complete**

|  |  |
| --- | --- |
| Client’s Full Name: |  |
| Client’s Case Number: |  |
| Date(s) of EBT benefit theft occurred:  \*May include multiple transactions over multiple dates |  |
| Type of Benefits Stolen | Food Assistance  Cash Assistance (TANF) |
| Date Client Contacted DCF: |  |
| Dollar Value of Benefits Lost: |  |
| Benefit Month(s) of Benefits Lost: |  |
| Retailer Name and/or address:  \*If information available |  |
| Comments:  \*Any further information provided by client that would be prudent to the fraudulent event reported. (Example: EBT Card swiped in California and client reports never being in California |  |

\*\*For purposes of replacing food and/or cash assistance benefits due to card skimming, cloning, or similar fraudulent events a household must attest to fraudulent event by completing section 2.

**SECTION 2: Client Complete**

**Statement of Loss of Benefits due to Card Skimming or Card Cloning Attestation**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Card Skimming or Card Cloning Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dollar Value of Benefits Lost:

Food Assistance: $ Cash Assistance (TANF): $

Statement of Fraudulent Event:

This is to verify that on the above date the stated card skimming, or card cloning occurred, and the above dollar value of benefits lost. This is a true and honest statement. I understand that misrepresentation of the facts may result in penalties and negative consequences.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_