

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

(Card Skimming, Card Cloning or Other Similar Fraudulent
Events)
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 TANF

Date Client Contacted DCF:

Dollar Value of Benefits Lost:

Benefit Month(s) of Benefits Lost:

Retailer Name and/or address (if available):

Comments (Any further information provided by the 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, Card Cloning
or Other Similar Fraudulent Event Attestation**

Date:

Name:

Date of Fraudulent 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, card cloning, or other similar fraudulent event 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: _____