



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 9/30/2024. 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 July 21, 2023.

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 or No
- 6. Did you order a new EBT card after you found out your benefits were stolen? Yes or No
- 7. Did you make any online purchases for store pick up or delivery the month of stolen benefits? Yes or No

If yes, 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? Yes or 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 or No.
 - If yes, did you respond and give the information they requested? Yes or No
- 10. Have you ever allowed others to use your EBT card and/or PIN? Yes or No If yes, who did you let use your card, when, and where (store)?

By signing below, I attest to the follo	owing:
My name is:	My address is:
My case # is:	My phone # is:
I believe my SNAP benefits were stoler fraudulent methods.	n due to card skimming, cloning, and similar
The date I discovered the SNAP benef	its were stolen:
The total amount of SNAP benefits sto	olen: \$
<u> CERTIFICATION – please</u>	e read carefully before signing below.
stolen to request replacement; (2) Repeated the lesser of the amount of be monthly allotment of the household in stolen. (3) DSS must receive this signed	30 days from the date I discovered my benefits were placement of stolen benefits for a household cannot enefits stolen or the amount equal to 2 months of the mmediately prior to the date when the benefits were ed statement within 10 days of the date I reported my eplacement; (4) I can only receive two instances of Fiscal Year (FFY).
with an intentional program violation including, but not limited to, perjury for	ormation about the facts stated above, I may be charged (IPV) and may be subject to civil and criminal penalties or a false claim. If I am found to have committed an IPV for 12 months for the first violation, 24 months 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.

Mail completed pages 1 and 2 to the below address:

South Carolina Department of Social Services P.O. Box 1520 Columbia, SC 29202

Attention: Benefit Integrity/SNAP Fraud Replacement

Page 3 is for you to keep!