



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 23-47-OPE *(This Policy Bulletin Replaces PD #17-09-OPE)*

REQUEST FOR REPLACEMENT OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND/OR CASH ASSISTANCE (CA) BENEFITS STOLEN ELECTRONICALLY

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HAVE QUESTIONS ABOUT THIS PROCEDURE?

Request a Clearance in [Service NOW](#), or send an e-mail to fiacallcenter2@dss.nyc.gov, or
Call 718-557-1313 then press 3 at the prompt followed by 1 or fax to: (917) 639-0298

<p>Date: August 18, 2023</p>	<p>Subtopic(s): SNAP, CA, Benefits</p>
<p>This procedure does not cover other thefts of benefits from lost cards, sharing PINS, etc.</p> <p>Refer to PD #15-22-OPE for Check Replacement for Restricted Shelter Payments</p> <p>Refer to PB #23-48-OPE for Replacement of Lost or Stolen Cash</p>	<p><u>Introduction</u></p> <p>The purpose of this policy bulletin is to inform Benefits Access Center (BAC), Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center, HIV/AIDS Services Administration (HASA) Center, and the Common Benefit Identification Card (CBIC) staff of the submission and review process for requests for the replacement of SNAP and/or Cash Assistance (CA) benefits stolen electronically. This policy bulletin is informational for all other staff.</p> <p><u>Electronic Theft of SNAP and CA Benefits</u></p> <p>The electronic theft of SNAP and CA benefits (also known as “skimming” “phishing” or “card cloning”) is a nationwide problem.</p> <p>Skimming is a type of theft. Thieves put an overlay on a store’s card-swiping machine to copy EBT, credit, and debit card information. The thieves use the information to make fake cards (called “clones”) and use them to steal money from accounts. Skimming can happen anywhere clients swipe their EBT cards. Benefits can be stolen through skimming even if an EBT card never left a client’s possession.</p> <p>Phishing is a different type of scheme where thieves trick people into clicking on a link (usually sent through text or email) that allows them to access their account information. The Protect Your Benefits from Skimming (FLY-1095) flyer explains some of the ways that thieves may steal money from EBT accounts.</p> <p>The New York State (NYS) Office of Temporary and Disability Assistance (OTDA) has authorized the replacement of SNAP and CA benefits for households who had a scam-related theft of their benefits. These benefits were stolen electronically through skimming, cloning, phishing, third party misrepresentation or other similar fraudulent methods. Incidents involving lost cards, the physical theft of cards, voluntarily giving an EBT card or card information to someone they know, or transactions conducted by anyone authorized to access the case benefits, including Authorized Representatives, are not eligible for replacement.</p>

Replacement of Electronically Stolen Benefits

Supplemental Nutrition Assistance Program

SNAP benefits replacement may be considered for theft that occur on or after October 1, 2022 through September 30, 2024.

The issuance of replacement SNAP benefits is limited to those households who had a scam-related theft of SNAP benefits **on or after October 1, 2022 through September 30, 2024**. Households may not receive more than two (2) replacement SNAP benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024).

Note: Pandemic EBT (P-EBT) benefits are not eligible for replacement under this policy.

Cash Assistance

CA benefit replacement may be considered for thefts that occur on or after January 1, 2022.

The issuance of replacement CA benefits is limited to those households who had a scam-related theft of CA cash benefits **on or after January 1, 2022**. Households may not receive more than two (2) replacement CA benefits for the time period from January 1, 2022 through September 30, 2022. Thereafter, households may not receive more than two (2) replacement CA benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024). After September 30, 2024, households will only be eligible to receive one (1) replacement CA benefit in a single federal fiscal year.

Process to Request a Replacement Benefit

The **HRA-210** (Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits) form was developed to request replacement of SNAP and/or CA benefits which were stolen electronically through skimming, cloning, phishing, third party misrepresentation or other similar fraudulent methods. Specific information about the fraudulent transactions must be reported.

Special Notification to Clients

Some clients that were known on or before August 14, 2023 to the Department of Social Services (DSS) to have had their EBT benefits skimmed will receive the **HRA-210b** (What to do if your benefits were skimmed) letter. This letter explains the steps to take to file a claim for replacement benefits.

Options for Requesting the Replacement of Stolen Benefits

All claim forms must be completed for a replacement to be considered.

The online **HRA-210** form will not allow incomplete submissions.

The casehead or an adult on the case will be able to submit a claim for the replacement of stolen benefits using the Client Identification Number (CIN) on the Electronic Benefit Transfer (EBT) card using the methods below.

- **Submit Online**
 - Clients are encouraged to complete an electronic version of the **HRA-210** form available at www.nyc.gov/hra or <https://www.nyc.gov/site/hra/help/benefitreplacement.page>
- **Mail**
 - Clients may mail the completed paper **HRA-210** form to:

Department of Social Services
P.O. Box 02-9121
Brooklyn General Post Office (GPO)
Brooklyn, NY 11202
 - Upon receipt of the paper form, HRA staff will input the information into the online form on www.nyc.gov/hra and scan/index the paper **HRA-210** form into the HRA OneViewer.
- **In-Person**
 - BAC, SNAP, and HASA Centers must allow clients to submit requests for replacement in person.
 - An electronic version of the **HRA-210** form will be available online at the BAC/SNAP Center Personal Computer (PC) Bank. Staff assigned to the PC Bank area or other available HRA staff must assist individuals who need assistance with completing the **HRA-210** form.
 - Clients may also complete the paper **HRA-210** form at the BAC/SNAP/HASA Center and submit it to HRA staff.
- **Over the Phone**
 - In instances where a household is unable to avail themselves of any of the above methods, a request may be submitted over the phone with an HRA staff member from the Homebound Center. The HRA staff member must read all the confirmations and certifications on the **HRA-210** to the individual and obtain their verbal attestation. Staff must also complete the **W-25** (History Sheet) and scan and index it into the case record.

Completing the HRA-210 Form

To complete an electronic or paper **HRA-210** claim form, requestors must:

- Provide details about the requested information for a complete **HRA-210** claim form. This includes detailed transaction history (see below for instructions on how requestors may obtain that information).

All individuals submitting a claim must provide details about which transactions were fraudulent. Requestors can find transaction information by:

- Checking their Electronic Benefit Transfer (EBT) history at <https://www.connectebt.com/> or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store).

Note: This website link is available at PC Banks for requestor use.

Or

- Calling the toll-free EBT Customer Service line at 1-888-328-6399. Participants may use the helpline to:
 - Hear the last ten (10) transactions on the automated menu.
 - Request a printed two (2) month statement of their account history from the automated menu or from a customer service representative.
 - Review transactions with a customer service representative.

Note: Participants will need to speak to a representative for transactions older than 15 months.

Reporting EBT Card Lost or Stolen

If the participant has not reported the EBT card lost or stolen and have not requested a new EBT card since the benefits have been stolen, the SNAP and/or CA account is likely still at risk. Replacement benefits must not be issued until the compromised EBT card is reported lost or stolen.

Obtaining EBT
Transaction History

To report an EBT card stolen, request a new card, and change the PIN, participants must call the EBT Customer Service number at 888-328-6399, or go to <https://www.connectebt.com/>. The first time that clients use <https://www.connectebt.com/>, they will need to create an account.

Online HRA-210 Claim Form Must be Complete for Submission

The online **HRA-210** form will not allow incomplete submissions. For staff data entering paper forms, dummy codes will be used to allow the forms to be data entered and determination notices to be mailed out. Refer to **Attachment A** for the dummy codes to be used for the missing fields. Staff must note in the **Transactions** text box any missing fields which were dummy-coded.

Refer to **Attachment A**

TRANSACTIONS (continued)

Please provide any additional information about the theft you feel is important for us to know. If you had more than 20 fraudulent transactions to report and could not fit them on the lines above, you can list them below.

Note: If the paper form submitted does not adhere to the online form validation requirement (i.e., client enters Social Security Number (SSN) instead of the Case Number and/or CIN), staff must enter a dummy code from **Attachment A**.

When staff fill out the online form for clients, either over the phone or in-person, they must enter the client's name in the certification section. Staff must complete the **Transactions** text box and write that the information was data entered on behalf of the client due to a paper submission of the **HRA-210** claim form.

Instructions for BAC/SNAP/HASA Center Staff

Affected households do not have to be currently in receipt of CA or SNAP to request a replacement of skimmed benefits. While electronic submissions are preferred and encouraged, the paper **HRA-210** claim form must be made available to anyone requesting one.

Clients must be assisted at the current Center they are visiting and must not be redirected to other Centers or locations.

Individuals requesting a replacement of benefits stolen electronically should be directed as follows.

Clients that come into the BAC or SNAP Center will go to Front Door Reception or the self-service check-in kiosks. They will be routed to the PC banks to submit the **HRA-210** form online. The **FLY-1130** (How to Complete the Stolen Benefits Claim Form) is located at PC banks and informs clients on how to complete the **HRA-210** form. Clients who do not want to complete the **HRA-210** form online will be given a paper copy of the **HRA-210** claim form and the **HRA-210a** (Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program [SNAP] and/or Cash Assistance [CA] Benefits Claim) form. Clients have the option to fill out the **HRA-210** form at the Center on the same day or return it another day. Clients may also take the **HRA-210** form home and mail it to the address listed on page 4 of this procedure.

The **HRA-210** should not be submitted via mobile document upload or submitted through self-service scanners.

Staff will also provide clients the What to Do if Your EBT Benefits are Electronically Stolen (Skimmed) palm card (**PALM-65**) which lists several ways that clients can pursue the claim process on their own. Clients will also be given the What to Do if Your EBT Benefits are Electronically Stolen brochure (**BRC-1063**), and the SNAP and Cash Assistance Benefit Skimming Replacement FAQ (**FIA-1264**). Refer to **Attachment E** for a list of the skimming replacement forms.

Refer to **Attachment E**

Clients that want to complete the **HRA-210** form in the Center or who request assistance in filling out the form will be directed to the PC Bank waiting area, Disbursement & Collection (D&C) waiting area, Customer Service and Information Center (CSIC) waiting area, or another comparable waiting area.

When a client requires assistance with their case information and/or transaction history, PC bank staff or other available HRA staff will assist the client to log into ConnectEBT (<https://www.connectebt.com/>) on the computer. Clients will also be advised to call the ConnectEBT hotline for assistance with their transaction history. If needed, staff will assist the client with filling out the **HRA-210** form.

Designated staff with access to the Specialized Fraud and Abuse Reporting System (SFARS) may also assist clients with obtaining transaction history. Refer to Attachment D for information on accessing, viewing, and exporting SFARS data.

Refer to **Attachment D**

HASA Center

HASA staff will recommend that clients fill out the **HRA-210** form online. If the client asks to complete the form in the Center, the client will use the PCs set aside in the Center for client use. If they need help with their case information and transaction history, staff will assist the client to log into ConnectEBT (<https://www.connectebt.com/>) on the computer. Clients will also be advised to call the ConnectEBT hotline for assistance with their transaction history. If the client completes the paper **HRA-210** form, the form will be collected at the Center.

Infoline Process

Assistance with Submitting the HRA-210 Form

When clients call the OneNumber or when a client is transferred from 311, they will first hear a message about the online replacement benefits claim form.

Clients calling to report stolen benefits will be advised that the EBT card must be reported stolen through ConnectEBT or by calling EBT Customer Service (888-328-6399). Refer to **Attachment C**. The client will also be advised to submit a claim form online.

If a client needs computer assistance or in-person assistance, Infoline staff will suggest a BAC or Community Based Organization (CBO) that had previously assisted the client. Clients may also choose another CBO in the Find a Partner section of the www.nyc.gov website.

If the client requests a paper **HRA-210** form, Infoline staff will direct the client to the website where the form can be printed or will mail the paper **HRA-210** form to the client.

Infoline staff can assist clients by looking up the CIN and Case Number. Infoline staff can also assist with reading the **HRA-210** form to the client when requested.

If the client needs their transaction history, the client will be directed to ConnectEBT and the EBT Customer Service number.

Refer to **Attachment C**

If the client is homebound and/or cannot complete the form on their own, Infoline staff will make a referral to the Homebound Center (Center 90). The Intranet Quorum (IQ) request must be forwarded to Ctr90HVNRequests@hra.nyc.gov. Designated Homebound Center (Center 90) staff will reach out to the client to assist with submission of the **HRA-210** claim form. After assisting the client, Center 90 staff will respond to the IQ email with the action taken, to close out the request.

Process at the Common Benefit Identification Card (CBIC) Site

Clients who come to the CBIC site inquiring about replacement of skimmed benefits will be advised that they can complete the **HRA-210** form online. Staff will provide clients the What to Do if Your EBT Benefits are Electronically Stolen (Skimmed) palm card (**PALM-65**) and the **HRA-210a** form which lists several ways that clients can pursue the claim process on their own. Clients will also be given the What to Do if Your EBT Benefits are Electronically Stolen (**BRC-1063**) brochure, and the SNAP and Cash Assistance Benefit Skimming Replacement FAQ (**FIA-1264**). For clients that require assistance in completing the claim form, staff will direct them to go to the skimming benefit replacement hub for assistance.

CBIC Site Staff

Submission of Paper HRA-210 Claim Forms

All **HRA-210** claim forms must be completed for a replacement to be considered. If a paper **HRA-210** claim form is submitted with missing information, the request for replacement may be denied.

Paper **HRA-210** forms must be data entered to submit a request for replacement of stolen benefits. For staff data entering paper forms, dummy codes will be used for missing fields to allow the forms to be data entered and determination notices to be mailed out. Refer to **Attachment A** for the dummy codes to be used for the missing fields. Staff must note in the **Transactions** text box any missing fields which were dummy-coded.

Refer to **Attachment A**

TRANSACTIONS (continued)

Please provide any additional information about the theft you feel is important for us to know. If you had more than 20 fraudulent transactions to report and could not fit them on the lines above, you can list them below.

Note: If the paper form submitted does not adhere to the online form validation requirement (i.e., client enters an SSN instead of the case number and/or CIN), staff must enter a dummy code from **Attachment A**.

When staff fill out the online form for clients, over the phone or in-person, they must enter the client's name in the certification section. Staff must complete the Transactions text box and write that the information was data entered on behalf of the client due to a paper submission of the **HRA-210** claim form.

Paper **HRA-210** claim forms that are unable to be data entered at a BAC/SNAP Center must be batched and routed to the Office of Central Processing (OCP). These paper **HRA-210** claim forms will be collected at the BAC/SNAP Center and provided to messenger services to deliver to the mailroom at 95 Evergreen Avenue. From there, OCP staff will pick up the mail, which includes recording and tracking the received mail. Once assigned, OCP staff (permanent or temps) will scan/index the **HRA-210** claim form and then submit the form on behalf of the client.

HRA-210 Claim Form Status

Clients can call Infoline for an update on the status of their claim form. Infoline staff can confirm if the **HRA-210** form submitted was received and if a decision was made. Staff can review the decision notice in the HRA OneViewer and notify the client of the decision. If the **HRA-210** form was received but a decision has not been made, clients are advised to wait 30 days after submission before calling for a decision.

If a client submitted a paper **HRA-210** form and it has not been received, they are asked to wait one (1) week from in person submission and two (2) weeks when the form was sent by mail and call back.

Paper claim forms unable to be data entered at a BAC/SNAP Center must be batched and routed to the Office of Central Processing (OCP).

HASA, BAC, and SNAP Center staff are not issuing replacement benefits.

NYS OTDA will be issuing payments on approved claims.

Decision on the HRA-210 Claim Form

If the claim was approved, Infoline staff will let the client know that the NYS OTDA will add the funds back to their EBT card in approximately 7 to 10 days. Clients can view the funds in ACCESS HRA (AHRA) or their ConnectEBT account.

If the client does not have an EBT card and is currently receiving SNAP or CA benefits, Infoline will refer the client to ConnectEBT or to the CBIC office to request a replacement EBT card. If the client is not active or is not currently receiving SNAP or CA benefits, Infoline will ask the individual to first check AHRA or ConnectEBT to ensure that funds were added to their account before requesting a replacement EBT card.

If the claim was denied, Infoline staff can go over the denial reason, schedule a conference, or advise the client of the right to request a Fair Hearing. Infoline can give the client the telephone number to request a Fair Hearing. The client can also submit another **HRA-210** claim form.

Replacement of Stolen Benefits Process

All claims are entered into the online **HRA-210** claim form. The claim form data is stored in an IQ database. Everyone who submits a claim will be sent the For Your Records: Documents We Received From You (**EXP-76R**) notice through the Print to Mail (PTM) process.

The Accountability Office (AO) Analytics will access the IQ database and evaluate claims in batches using:

- Data presented on the **HRA-210** claim form.
- Specialized Fraud and Abuse Reporting System (SFARS).
- Enterprise Data Warehouse (EDW).
- Rules presented on [23-ADM-07](#).

The AO Analytics will make determinations for the approval (and amount) or denial of the replacement benefit. AO Analytics will append the determinations data to the Information Technology Services (ITS) IQ table.

ITS will transmit the approvals to OTDA via Secure File Transfer Protocol (SFTP) for Welfare Management System (WMS) batch payment. ITS will transmit the approval and denial information to send approval/denial notices to clients via PTM.

Refer to **Attachment B**

Refer to Attachment B for the WMS payment types used to calculate the maximum replacement benefit amount.

BAC, SNAP, and HASA Center staff are not issuing decision notices.

Decision Notices

The Action Taken on your Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) Benefits (**LDSS-5222**), and Action Taken on your Request for Replacement of Stolen Temporary Assistance (TA) Benefits (**LDSS-5223**) will be used to notify the requestor of the decision made on their request for replacement of stolen benefits. These notices include Fair Hearing rights, as individuals may challenge the agency determination, including a dispute over the amount approved for replacement.

Notices will be generated automatically and issued through the PTM process. The notices will be available in the HRA OneViewer in case they need to be reproduced or reviewed during a Conference, Inquiry, or Fair Hearing.

Below are the WMS codes used for the replacement of skimmed benefits:

- Issuance Code **RC** (Replacement for Skimmed Electronic Benefit CA-SNAP) will be used for replacement of skimmed electronic SNAP benefits for CA/SNAP cases.
- Issuance Code **RD** (Replacement for Skimmed Electronic Benefit NCA-SNAP) will be used for replacement of skimmed electronic SNAP benefits for NCA SNAP cases.
- Issuance Code **RE** (Replacement for Skimmed Electronic Benefit CA) was created for replacement for skimmed electronic CA benefits for CA cases.

Only designated Family Independence Administration (FIA) and HASA Fair Hearing staff in Centers, as well as Fair Hearing Administration (FHA) staff, will have the ability to issue these codes in the Paperless Office System (POS) manually.

Fair Hearing Implications

Individuals have the right to challenge both denials and approvals if they feel that the replacement amount is incorrect or insufficient. Staff must advise individuals challenging a denial to correct and resubmit the claim form if the information in the submission was inaccurate.

Staff must adjust the issued payment amount using the relevant codes if the amount issued is inaccurate and the client is challenging the amount issued, based on the amount of SNAP benefits that were issued during the period prior to the occurrence of the theft.

Packets prepared for hearings related to these determinations must include the **HRA-210**, indicating what was requested and for what period, the determination notices, and the transaction history for the period in question from the Specialized Fraud and Abuse Reporting System (SFARS) data. See **Attachment D** for information on accessing, viewing, and exporting SFARS data.

Refer to **Attachment D**

If after a determination is made, the agency is directed to issue additional benefits, Fair Hearing (FH) compliance staff at BACs and HASA Centers as well as centralized SNAP FH Compliance must comply with the directive and issue the benefits using the appropriate codes.

Effective August 21, 2023

References:

- [23-ADM-07](#)
- [GIS 22 TA/DC097](#)

Related Items:

- [CD #23-11](#)
- [PB #23-48-OPE](#)
- [PD #15-22-OPE](#)

Attachments:

- Attachment A** Paper HRA-210 Submission Guide
- Attachment B** WMS Payment Types Used to Calculate Maximum Benefit Amount
- Attachment C** EBT Helpline Options
- Attachment D** SFARS Tutorial for Skimming Look-Up and Case Examples
- Attachment E** Skimming Replacement Forms
- BRC-1063** What to Do if Your EBT Benefits are Electronically Stolen
- EXP-76R** For Your Records: Documents We Received From You (Rev. 11/16/16)
- FIA-1264** SNAP and Cash Assistance Benefit Skimming Replacement FAQ
- FLY-1095** Protect Your Benefits from Skimming (Rev. 7/25/2023)

FLY-1130	How to Complete the Stolen Benefits Claim Form
HRA-210	Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits (6/21/2023)
HRA-210a	Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits Claim (8/01/2023)
HRA-210b	What to do if your benefits were skimmed (8/02/2023)
LDSS-5222	Action Taken on your Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) Benefits (Rev. 6/23)
LDSS-5223	Action Taken on your Request for Replacement of Stolen Temporary Assistance (TA) Benefits (Rev. 6/23)
PALM-65	What to Do If Your EBT Benefits Are Electronically Stolen (Skimmed)
W-25	History Sheet (Rev.12/9/10)
W-130B	Request for Replacement of Supplemental Nutrition Assistance Program (SNAP) Benefits Stolen from the EBT System (Obsolete)
W-130G	Action Taken on Your Request for Replacement of Supplemental Nutrition Assistance Program (SNAP) Benefits Stolen from the EBT System (Obsolete)

ATTACHMENT A

PAPER HRA-210 SUBMISSION GUIDE

The online skimming replacement form will not allow incomplete submissions. That means any client entering a form online will by definition not be missing any fields. However, staff must data enter paper forms. We need dummy codes to allow the forms to be data entered and determination notices to be mailed out. For all fields, staff will be instructed to note in the free-text final box any missing fields which were dummy-coded.

Staff should also clearly identify in the comments box that they are data-entering the form on behalf of the client due to a paper submission.

Additionally, if paper-form data is entered but does not adhere to the online form validation requirements (for example, someone includes a numerical character in their name field), staff should data enter the information with those characters omitted).

Field Name	Dummy Code (missing data)	Notes
<i>I reported my card as lost or stolen after realizing my benefits had been stolen</i>	CLICK "YES"	The form only has "yes" here. If a client fails to confirm this on form (leaves blank or enters "no"), the staff member must note it in the text box and enter XMISSING in the signature box at the end.
Case Number	999999999X	
CIN	XX55555X	
First Name	XNONE	
Last Name	XNONE	
Mailing Street Address	XNONE	
Mailing City	XNONE	
Mailing State	<select NY>	The only option is a drop-down selection of a state. Pick NY.
Mailing ZIP Code	99999	
All forms need at least a first date of theft and a total amount stolen for SNAP or Cash assistance.		

ATTACHMENT A

If the summary info is missing, but the transactions details are populated, staff should populate the summary info using the transaction data as much as possible.		
However, if all summary and all transaction data are blank, staff should enter summary data as shown in below bullets.		
• First date CA stolen	(01/01/1900)	
• Total CA Stolen	\$0	
If person simply reversed first/last date of theft (if last date < first date	Staff enter first date in last date field, and last date in first date field. (reverse the order),	
Date of Transaction 1	01/01/1900	
Program Type 1	Cash Assistance	
Amount of Transaction 1	\$0	
Name and retailer of Transaction 1	XNONE	
Signature Missing	XNONE	

ATTACHMENT B

WMS Payment Types Used to Calculate Maximum Benefit Amount

For both SNAP and CA, the replacement benefit amount is either A) the amount of reported theft which AO analytics have confirmed were transacted during the reported theft period, or B) an amount equal to two times the SNAP or CA benefits received by the household in the most recent complete month before their benefits were stolen, **whichever is less**.

To calculate the maximum replacement amount each claim is eligible for, DSS-AO analytics will calculate the benefits issued in the last full month prior to the beginning of the theft period, and multiply by two. For example, if the first SNAP theft was February 10th, the maximum benefit will be the amount of SNAP benefits issued during the January immediately prior, multiplied by two. If the case was not active at the time of the theft, it is the last full month before the case closed. OTDA has instructed that only the below payment types shall be included in this calculation:

SNAP

Issuance Program Type	Issuance Type	Payment Type	Payment Type Desc
SNAP	3	96	FOOD STAMPS ONGOING BENEFITS (LDF-4-ADD)
SNAP	4	6	PRORATED PARTIAL PAFS (PA/SNAP)
SNAP	4	8	PRORATED/PARTIAL NPAFS (NPA/SNAP)
SNAP	4	10	DAILY SUPPLEMENT (INCLUDES FOOD DESTROYED IN A DISASTER) - PAFS (PA/SNAP)
SNAP	4	12	DAILY SUPPLEMENT (INCLUDES FOOD DESTROYED IN A DISASTER) - NPAFS (NPA/SNAP)
SNAP	4	14	SINGLE ISSUANCE FULL MONTH - PAFS (PA/SNAP)
SNAP	4	16	SINGLE ISSUANCE FULL MONTH - NPAFS (NPA/SNAP)
SNAP	4	18	DISASTER RELATED ISSUANCE - PAFS (PA/SNAP)
SNAP	4	19	DISASTER RELATED ISSUANCE -NPAFS (NPA/SNAP)
SNAP	4	20	DAILY RETROACTIVE BENEFIT - PAFS (PA/SNAP)
SNAP	4	22	DAILY RETROACTIVE BENEFIT - NPAFS (NPA/SNAP)
SNAP	4	52	EXPEDITED SERVICE, VERIFIED FOR PA/SNAP CASES
SNAP	4	53	EXPEDITED SERVICE EBT, VERIFIED FOR NPA/SNAP CASES
SNAP	4	54	EXPEDITED SERVICES - NOT VERIFIED PA/FS ONLY (PA/SNAP)
SNAP	4	55	EXPEDITED SERVICES - NOT VERIFIED NON-PA/FS ONLY (NPA/SNAP) CASES.
SNAP	4	66	RTC SUPPLEMENTATION
SNAP	4	V1	FAIR HEARING COMPLIANCE TO ISSUE RETROACTIVE BENEFITS THAT GO BEYOND 12 MONTHS PRIOR TO ISSUANCE FOR CA/SNAP CASES.

ATTACHMENT B

Issuance Program Type	Issuance Type	Payment Type	Payment Type Desc
SNAP	4	V2	FAIR HEARING COMPLIANCE TO ISSUE RETROACTIVE BENEFITS THAT GO BEYOND 12 MONTHS PRIOR TO ISSUANCE FOR SNAP CASES.
SNAP	4	W7	NPAFSSI (NPA/SNAP) RECONSTITUTED HOUSEHOLD - NPA
SNAP	4	W8	PA/FSSI (PA/SNAP SINGLE ISSUANCE) RECONSTITUTED HOUSEHOLD
SNAP	4	RC	Replacement for Skimmed Electronic Benefit FS-PA
SNAP	4	RD	Replacement for Skimmed Electronic Benefit FS-NPA

Cash Assistance

Issuance Program Type	Issuance Type	Payment Type	Payment Type Desc
CA	1 OR 5	05	Case Recurring Grant
CA	1	11	Fuel
CA	2 OR 5	17	Carfare for Homeless Adults
CA	1 OR 5	23	Water
CA	2	05	Pregnancy Allowance
CA	2	02	Regular Allowance (Recurring Needs)
CA	2	77	COURT ORDERED RETROACTIVE PAYMENT
CA	2	G5	Karamalla Lawsuit - Retroactive Benefit
CA	2	G8	COLAJ LAWSUIT RETROACTIVE BENEFIT
CA	2	N7	SMITH LAWSUIT
CA	2	RE	Replacement for Skimmed Electronic Benefit-PA

EBT Helpline Options
EBT Helpline is 888-328-6399

Entering the helpline:

- To enter the helpline, enter your card number and PIN information, and select your preferred language.
- After entering helpline, you are brought to the Main Menu where you'll hear your account balance.

Main Menu Options:

- To hear your account balance, Press 1.
- To hear your last ten transactions, or question a transaction, Press 2.
 - If you select this option, after listening to the last ten transactions, you will hear the option to dispute a transaction. Select the option to dispute a transaction if you would like to discuss your EBT account with a customer service representative.
 - Customer service representatives can tell you the date, time, and location of purchases made on your EBT account.
 - Note: The customer service representative may offer the option to open a claim/dispute. This is not necessary. These claims do not replace stolen benefits.
- To change your PIN, Press 3.
- To report a lost, stolen, or damaged card, Press 4.
 - Reporting a card lost, stolen, or damaged deactivates the card.
 - If you select this option, you will have the option to request a replacement card or to deactivate your card without requesting a replacement.
- For assistance with eligibility status, address updates, or deposit information, Press 5.
 - Note: This option just plays an automated message. EBT Helpline Customer Service Representatives are unable to assist with any questions regarding eligibility status, benefit availability, address updates, or questions about missing or unexpected deposit amounts.
- For additional options, Press 6.
 - If you select this option, you will hear the option to request a printed 2-month statement of EBT account history. The statement will be mailed to you.

SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)

SFARS - Specialized Fraud and Abuse Reporting System

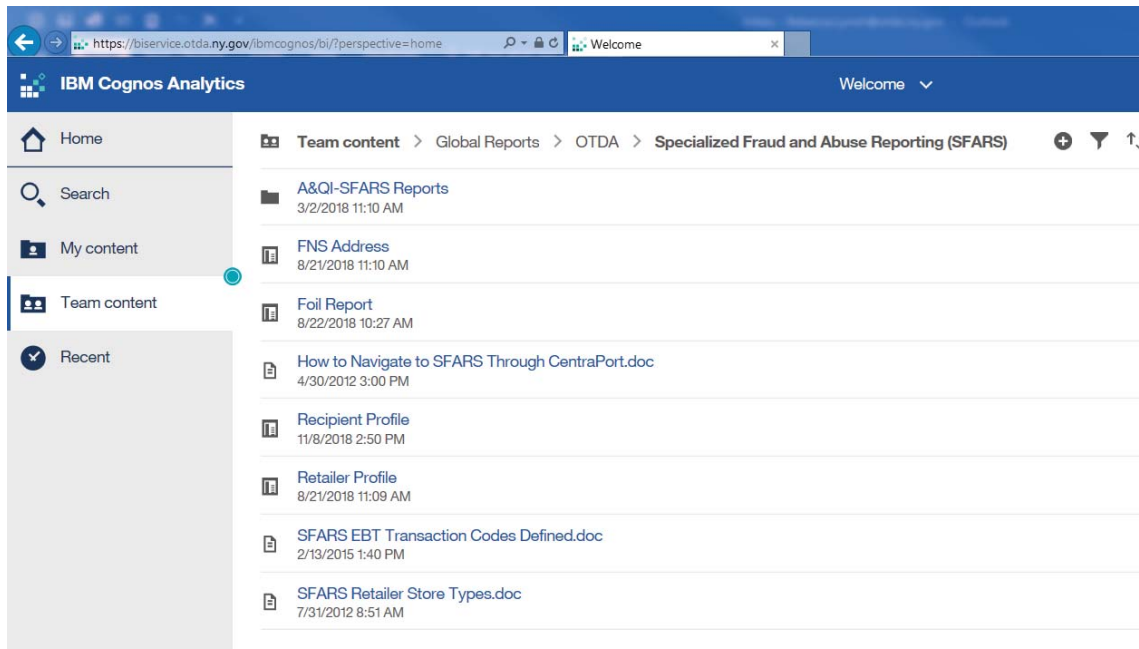
To submit a claim for replacement of benefits which were stolen electronically, clients need to report details about each fraudulent transaction. Many clients will be able to look this up on connectebt.com. However, for clients that need more assistance, some DSS staff have been provisioned with SFARS access.

SFARS Overview

- Tracks all EBT transactions made by recipients at approved retailers.
- Can be searched by recipient or by retailer.
- Can be used as investigative tool to seek out SNAP trafficking patterns.
- Can be used to look up FNS Number and/or address of retailers.
- All reports can be exported to Microsoft Excel for data analysis.

How To Access SFARS

- In Centraport, expand the Applications category and select Cognos 11.
- Click on the “Team Content” link from the navigation pane on the left side of the screen.
- Select “Global Reports”, then “OTDA”, and then “Specialized Fraud and Abuse Reporting (SFARS)”.
- This will bring you to the SFARS report options, shown below:



SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)

Search by Recipient (Recipient Profile Report)

How to run the report:

- Select “Recipient Profile”.
 - Enter the From Date and To Date for the transaction report (today’s date will be entered as the default date).
 - Select either Card Number or CIN Number, and enter the corresponding information for the recipient.
 - Select to sort by “Retailer & Transaction Date” or “Transaction Date”.
 - Select the Program Type to see SNAP transactions, Cash transactions, or both SNAP & Cash transactions.
 - Click on “Next” at the bottom of the screen.
- The report parameters will then be generated.
 - If these are correct, click “Finish” to run the report.

The screenshot displays the 'SFARS Recipient Report' interface. At the top, there is a navigation bar with icons for home, search, and user profile, and a dropdown menu for 'Recipient Profile'. The main content area is titled 'SFARS Recipient Report' and contains the following sections:

- Please Select Transaction From and To Date:** Two date pickers are shown, both set to 'Feb 5, 2020'.
- Please Select Card Number or CIN ID:** Two radio buttons are present: 'Card#' (selected) and 'CIN ID'.
- Sort By:** Two radio buttons are present: 'Retailer & Transaction Dt' (selected) and 'Transaction Dt'.
- Program Type:** Three radio buttons are present: 'FS' (selected), 'CASH', and 'FS & CASH'.

At the bottom of the form, there are three buttons: 'Cancel', '< Back', and 'Next >'.

SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)

SFARS Recipient Report - 102

*Can Id Selection Used
Order by Date*

Period Covered: Jan 1, 2013	Recip Name:	Case Type:	Non-Public Assistance Supplemental Nutrition Assistance Prog	Office:	F26											
To: Oct 31, 2013	SSN:	Case Status:	Single-Issue	Unit:												
Program Type: F5 & CASH	Region: MRO	Case #:		Worker:	WORK											
WRTS Recip Id:	District #/Name: 66/New York City	Individual Status:	Single Issue	CIN App Req #:												
PK #	Terminal Id	Retailer Name	Terminal Address	Store Type	Retailer Country	Card Nbr	Auth Rep Y/N	Prog Type	Manual Voucher #	Tran Log Dt Time	DB CR Ind	Tran Type	Card Entry Type	\$ Amt Compl	Cash Back Amt	Acct Bal

Definition of Fields

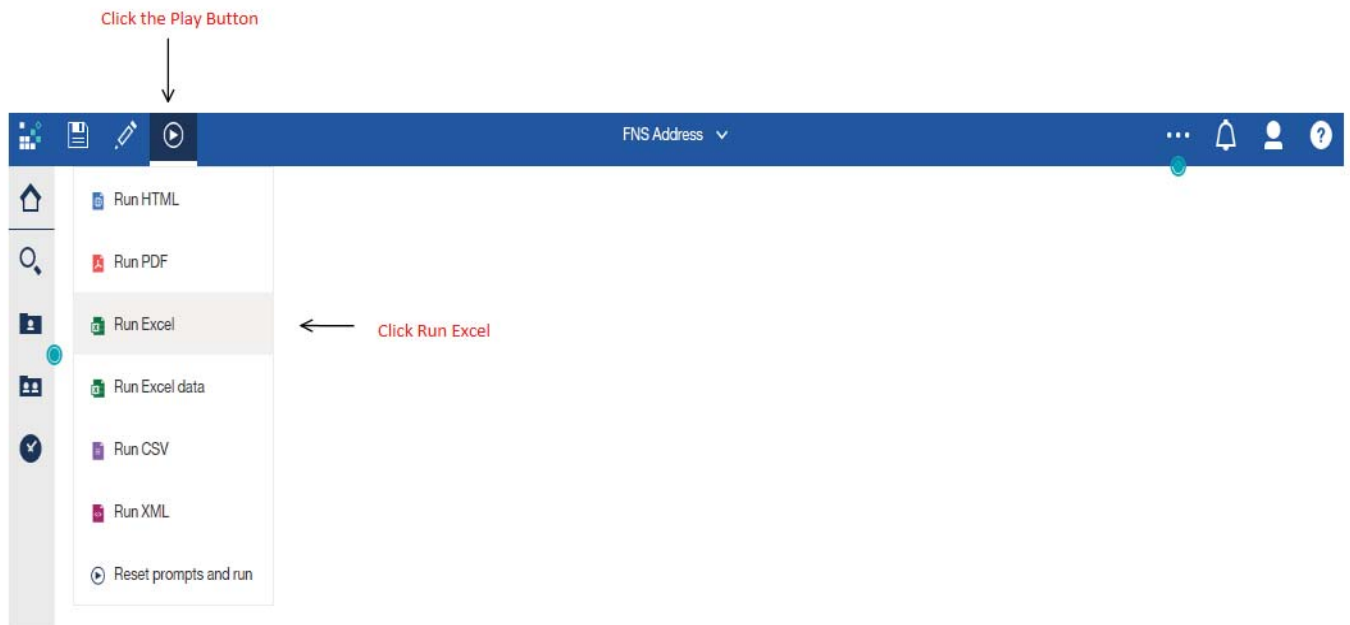
The Recipient Profile Report includes the following fields:

FNS#	Federal Nutrition Service Number (unique retailer identification number assigned by FNS)
Terminal Id	Terminal where the transaction occurred
Retailer Name	Name of the retailer
Terminal Address	Physical location of the retailer
Store Type	Type of retailer (see Appendix for description of codes)
Retailer County	County in which the retailer is located
Card Number	Cardholder CBIC number
Auth Rep Y/N	Authorized Representative Indicator
Prog Type	Program Type 01 – SNAP 02 – CA/Cash
Manual Voucher #	if applicable
Tran Log Dt Time	Date and time of the transaction
DB CR Ind	Indicates type of transaction DB – Debit CR – Credit NV – No Value (used for balance inquiries)
Tran Type	Type of transaction (see Appendix for description of codes)
Card Entry Type	Method of card entry for transaction K – Keyed transaction (card number was entered manually) S – Swiped transaction I – Internet transaction (Online Purchasing Pilot)
\$ Amt Compl	Amount of completed transaction (can include surcharge/fee for ATM transaction)
Cash Back Amt	Amount of cash back (if applicable)
Acct Bal	Balance in account after transaction has occurred

SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)

To Export Report Output to Excel (For Fair Hearing Related Purposes Only)

- Click the “Play Button”.
- Select “Run Excel”.
 - If your browser is set to block pop-ups, hold down the Control key before selecting “Run Excel” until after the excel report is generated.



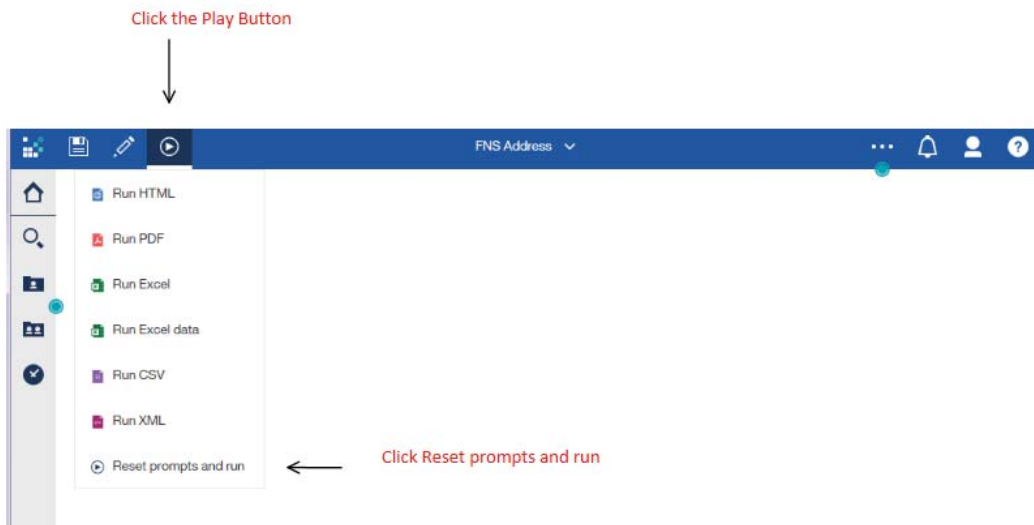
Uses in a Fraud Investigation:

- Can manipulate the data for analysis.

To go back to the screen to enter report parameters

- Click the “Play Button”.
- Select “Reset prompts and run”.

SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)



CASE EXAMPLES

Example 1: SNAP Theft. The Retailer Name, Terminal Address, Tran Log Dt Time and Amt Completed are needed for the application. Note Card Entry Type = "I" means Internet - many clients who have had their benefits swiped first had the card balances checked on the Internet. This should not be on the application. Card Entry Type S means the card was swiped - below the card was swiped for SNAP in Florida on 6 different occasions on one day for a total of nearly \$7,000. Tran Type 301 means SNAP.

Retailer Name	Terminal Address	Store Type	Retailer County	Card Nbr	Auth Rep Y/N	Prog Type	Manual Voucher #	Tran Log Dt Time	DB CR Ind	Tran Type	Card Entry Type	\$ Amt Compl
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR			N	01		Jul 30, 2023 10:27:24 AM	NV	309	I	
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR			N	02		Jul 30, 2023 10:27:24 AM	NV	309	I	
Walmart Supercenter #2091	8651 NW 13TH TER, DORAL, FL 33126	SS			N	01		Jul 30, 2023 11:46:47 AM	DB	301	S	
Walmart Supercenter #2091	8651 NW 13TH TER, DORAL, FL 33126	SS			N	01		Jul 30, 2023 11:50:51 AM	DB	301	S	
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR			N	01		Jul 30, 2023 12:29:14 PM	NV	309	I	
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR			N	02		Jul 30, 2023 12:29:14 PM	NV	309	I	
Walmart Supercenter #2091	8651 NW 13TH TER, DORAL, FL 33126	SS			N	01		Jul 30, 2023 12:30:57 PM	DB	301	S	
Presidente Supermarket #23	2199 NW 36TH ST, MIAMI, FL 33142	SM			N	01		Jul 30, 2023 12:47:14 PM	DB	301	S	
Walmart Supercenter #2091	8651 NW 13TH TER, DORAL, FL 33126	SS			N	01		Jul 30, 2023 12:57:29 PM	DB	301	S	
Tropical Supermarket Corp. #19	500 SW 8TH ST, MIAMI, FL 33130	SM			N	01		Jul 30, 2023 1:21:27 PM	DB	301	S	
Gourmet Glatt Lawrence LLC - Kolsave Market	11 LAWRENCE LN, LAWRENCE, NY 11559	SS	NASSAU		N	01		Jul 30, 2023 1:29:16 PM	DB	301	S	

SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)

Example 2: Cash Theft. The Retailer Name, Terminal Address, Tran Log Dt Time and Amt Completed are needed for the application. Benefits Updates are money the agency gives the client – these should not be on the application. Tran Types 304, 305 and 306 mean Cash. Here the client was skimmed for \$700 on July 31, 2022 at the Bank of America in Towson, Maryland. The client may also have been skimmed for the SNAP amounts in Brooklyn if the client claims not to have made the transaction themselves.

Retailer Name	Terminal Address	Store Type	Retailer County	Card Nbr	Auth Rep Y/N	Prog Type	Manual Voucher #	Tran Log Dt Time	DB CR Ind	Tran Type	Card Entry Type	\$ Amt Compl
B3's Wholesale Club #195	1752 SHORE PKWY, BROOKLYN, NY 11214	SS	KINGS (Brooklyn)		N	01		Jul 26, 2023 9:27:16 PM	DB	301	S	
BENEFIT UPDATE	...				N	01		Jul 28, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 28, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 28, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 28, 2023 12:00:00 AM	CR	202		
B3's Wholesale Club #195	1752 SHORE PKWY, BROOKLYN, NY 11214	SS	KINGS (Brooklyn)		N	01		Jul 28, 2023 8:43:53 PM	DB	301	S	
BENEFIT UPDATE	...				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	...				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
Stop & Shop #2591	2665 CROPSEY AVE, BROOKLYN, NY 11214	SM	KINGS (Brooklyn)		N	01		Jul 30, 2023 9:34:30 AM	DB	301	S	
BANK OF AMERICA	TOWSON TOWN CENTER, TOWSON, MD 21284				N	02		Jul 31, 2023 2:48:33 AM	DB	304	S	
B3's Wholesale Club #195	1752 SHORE PKWY, BROOKLYN, NY 11214	SS	KINGS (Brooklyn)		N	01		Aug 2, 2023 4:05:47 PM	DB	301	S	
BENEFIT UPDATE	...				N	02		Aug 4, 2023 12:00:00 AM	CR	201		
BENEFIT UPDATE	...				N	01		Aug 4, 2023 12:00:00 AM	CR	202		

SFARS Tutorial for Skimming Look-Up and Case Examples (DESIGNATED STAFF ONLY)

Example 3: Cash Theft NYC. Here the client was skimmed for \$300 at the Bank of America on West 39th Street in NYC. This is not uncommon. Skimming thieves often used stolen EBT information at banks and stores in NYC.

Retailer Name	Terminal Address	Store Type	Retailer County	Card Nbr	Auth Rep Y/N	Prog Type	Manual Voucher #	Tran Log Dt Time	DB CR Ind	Tran Type	Card Entry Type	\$ Amt Compl
165 Convenience Corporation	200 E 165TH ST, BRONX, NY 10456	CS	BRONX	[REDACTED]	N	01		Jul 31, 2023 12:59:37 AM	DB	301	S	
165 Convenience	, BRONX, NY 10451				N	02		Jul 31, 2023 12:59:53 AM	DB	306	S	
Food Bazaar #18	238 E 161ST ST, BRONX, NY 10451	SS	BRONX		N	01		Jul 31, 2023 10:25:27 PM	DB	301	S	
BENEFIT UPDATE	, ,				N	02		Aug 1, 2023 12:00:00 AM	CR	201		
BANK OF AMERICA	W 39TH ST, NEW YORK, NY 10018				N	02		Aug 1, 2023 12:04:15 AM	DB	304	S	
165 Convenience	, BRONX, NY 10451				N	02		Aug 4, 2023 2:31:41 PM	DB	306	S	
Express Mini Market Corp	980 MORRIS AVE, BRONX, NY 10456	CS	BRONX		N	01		Aug 4, 2023 3:07:32 PM	DB	301	S	
Express Mini Market Corp	980 MORRIS AVE, BRONX, NY 10456	CS	BRONX		N	01		Aug 4, 2023 3:08:29 PM	DB	301	S	
S P MINI MARK	, BRONX, NY 10451				N	02		Aug 4, 2023 3:30:05 PM	DB	306	S	
S & P Mini Market Corp	270 E 165TH ST, BRONX, NY 10456	SG	BRONX		N	01		Aug 4, 2023 11:17:37 PM	DB	301	S	

Example 4: Cash and SNAP Theft. Here the client was skimmed for SNAP (Tran Type 301) and Cash (Tran Type 306) in Louisiana. Again, ignore the Benefits Update and no value Internet transactions.

Retailer Name	Terminal Address	Store Type	Retailer County	Card Nbr	Auth Rep Y/N	Prog Type	Manual Voucher #	Tran Log Dt Time	DB CR Ind	Tran Type	Card Entry Type	\$ Amt Compl
BENEFIT UPDATE	, ,			[REDACTED]	N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	, ,				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	, ,				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	, ,				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
BENEFIT UPDATE	, ,				N	01		Jul 29, 2023 12:00:00 AM	CR	202		
K & J Rochdale Food Corp/ Ideal Food Basket	16985 137TH AVE, JAMAICA, NY 11434	SS	QUEENS		N	01		Jul 29, 2023 4:37:59 PM	DB	301	K	
K & J Rochdale Food Corp/ Ideal Food Basket	16985 137TH AVE, JAMAICA, NY 11434	SS	QUEENS		N	01		Jul 29, 2023 4:43:40 PM	DB	301	K	
WM SUPERCENTER	WAL-MART SUPER CENTER, BATON ROUGE, LA 70801				N	02		Jul 29, 2023 7:45:00 PM	DB	306	S	
Walmart SUPERCENTER #1206	3132 COLLEGE DR, BATON ROUGE, LA 70808	SS			N	01		Jul 29, 2023 7:46:45 PM	DB	301	S	
Walmart SUPERCENTER #1206	3132 COLLEGE DR, BATON ROUGE, LA 70808	SS			N	01		Jul 30, 2023 1:45:14 PM	DB	301	S	
WM SUPERCENTER	WAL-MART SUPER CENTER, BATON ROUGE, LA 70801			N	02		Jul 30, 2023 1:47:31 PM	DB	306	S		
TARGET T-1369	6885 SIEGEN LN, BATON ROUGE, LA 70801			N	02		Jul 31, 2023 12:45:05 PM	DB	306	S		
TARGET T-1369	6885 SIEGEN LN, BATON ROUGE, LA 70801			N	02		Jul 31, 2023 12:50:49 PM	DB	306	S		
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR		N	01		Jul 31, 2023 10:30:43 PM	NV	309	I		
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR		N	02		Jul 31, 2023 10:30:43 PM	NV	309	I		
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR		N	02		Jul 31, 2023 10:32:21 PM	DB	306	I		
Walmart (On-Line)	702 SW 8TH ST, BENTONVILLE, AR 72716	IR		N	02		Jul 31, 2023 11:29:24 PM	DB	306	I		
Walmart SUPERCENTER #1206	3132 COLLEGE DR, BATON ROUGE, LA 70808	SS		N	01		Aug 1, 2023 7:56:34 PM	DB	301	S		

SKIMMING REPLACEMENT FORMS

Form Number	Title	Use	Staff Use? (Yes/No)
<u>BRC-1063</u>	SNAP and CA Benefits Skimming	A brochure designed to provide information about the replacement process. Brochure will be available online and should be made available at all locations. At CBIC it will be provided along with other related documents	Yes – Make available and provide at CBIC
<u>EXP-76R</u>	For Your Records: Documents We Received From You	This is the documentation receipt that will be system generated and mailed to clients after submission of their claim.	No
<u>FIA-1264</u>	SNAP and Cash Assistance Benefit Skimming Replacement FAQ	Frequently asked questions on the replacement process.	Yes - Make available and provide at CBIC
<u>FLY-1130</u>	How to Complete the Stolen Benefits Claim Form	1-pager to be located in all PC banks including the Hub explaining how to complete the claim form	Yes – Ensure available in the PC Banks and Hub
<u>HRA-210</u>	Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits	This is the form used to submit a claim for replacement. An electronic version is what clients will be submitting online. The paper version is available as a fillable PDF for download from the external website and internally on eDocs. This is a local equivalent of the State's LDSS-5215 .	Paper – Yes, distribute if clients want to complete paper Electronic – Direct clients to PCs banks/smart phones for data entry Center 90-phone submissions)
<u>HRA-210a</u>	Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits Claim	This form is intended to help clients complete the claim form and should be made readily available in PC Banks, CBIC and at the Hub and provided to anyone in center requesting to fill out a paper form.	Yes – Make Available and provide

SKIMMING REPLACEMENT FORMS

Form Number	Title	Use	Staff Use? (Yes/No)
<u>HRA-210b</u>	What To Do If Your Benefits Were Skimmed (Skimming Letter)	This is the letter being sent to the ~22K known skimming clients informing them of the process to submit a claim. This letter is being sent in lieu of the State's Laser Letter.	No
<u>LDSS-5222</u>	Action Taken on your Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) Benefits	This is the determination letter informing clients of the agency's determination on their claim for replacement of stolen SNAP benefits. This will be generated through a data transfer and mailed through the PTM process. Letter also provides clients FH rights.	No
<u>LDSS-5223</u>	Action Taken on your Request for Replacement of Stolen Temporary Assistance (TA) Benefits	This is the determination letter informing clients of the agency's determination on their claim for replacement of stolen Cash Assistance benefits. This will be generated through a data transfer and mailed through the PTM process. Letter also provides clients FH rights.	No
<u>PALM-65</u>	What to Do if Your EBT Benefits are Electronically Stolen (Skimmed)	Palm card designed to provide quick steps on how to request replacement. Includes QR code to the website and claim form. Should be made available in all locations especially at CBIC who will provide the palm card along with the HRA-210a to clients that are being routed to the hub.	Yes – Make available and provide
<u>W-25</u>	Skimmed Benefit Replacement History Sheet	In instances where a household is unable to avail themselves of any of the above methods, a request may be submitted over the phone with an HRA staff member from the Homebound Center. The HRA staff member must read all of the confirmations and certifications on the HRA-210 to the individual and obtain their verbal attestation. Staff must also complete the W-25 "Skimmed Benefit Replacement History Sheet" and scan and index it into the case record. This version of the W-25 is available on eDocs.	Yes – limited instances when telephone submission occurs



What to Do If Your EBT Benefits Are Electronically Stolen



Your SNAP or Cash Assistance benefits could be electronically stolen even if you never lose your EBT card. This most commonly happens through two kinds of theft called 'skimming' and 'phishing'.

Skimming: Thieves put a device on a store's card-swiping machine that copies EBT, credit, and debit card information. The thieves use the information to make fake cards (called "clones") and use them to steal money from accounts. Skimming can happen anywhere you swipe your EBT card.

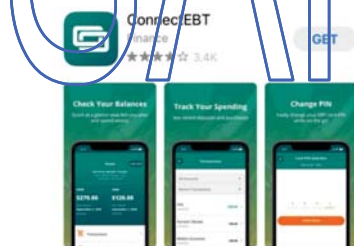
Phishing: is a different type of scheme where thieves trick people into clicking on a link (usually sent through text or email) that allows them to access your account information.

What should I do if my benefits were stolen?

STEP 1: Report your card as stolen (even if your card itself was not stolen). To report your card stolen, request a new card, and change your PIN, please go to www.connectebt.com/ or call EBT Customer Service at 888-328-6399. You will not receive any replacement benefits if you have not reported that your EBT card was stolen. If you reported your card stolen already at the time of the theft, you do not need to report it again.

STEP 2: Get your EBT Transaction history. To submit a claim for replacement benefits, you must report the date, location, and amount of each individual fraudulent transaction (transactions made by those that stole your card and not you or your household members).

How to get your EBT History:



Option 1: Check your EBT history at www.connectebt.com/ or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store).

Option 2: Call the toll-free EBT Customer Service line at 1-888-328-6399. You can hear your last 10 transactions on the automated menu, request a printed two-month statement of your account history from the automated menu or a customer service representative, or review your transactions with a live customer service representative. For transactions which were more than 15 months ago, you will need to speak to a representative.

STEP 3: Submit a claim for Replacement Benefits. Once you have identified which transactions were fraudulent, you are ready to submit a claim.



There are several ways to submit a claim:

- 1. Online** at nyc.gov/hra is the fastest, easiest way to submit a claim! We strongly recommend that you submit a claim online if possible.
- 2. Mail:** To get a paper claim form:
 - Go to nyc.gov/hra and print it
 - Call Infoline (718-557-1399) and request a form be mailed to you.
 - Visit your local Center

Mail-completed paper claim forms to
Department of Social Services
P.O. Box 02-9121
Brooklyn GPO, Brooklyn, NY 11202

Submitting a paper claim form, especially requesting a form be mailed to you, is the slowest method, and it may take longer to receive your claim and issue any replacement benefits.

- 3. In-Person:** You can visit any Benefits Access Center (BAC), SNAP Center, or HASA location. You can find SNAP and BAC Centers on nyc.gov/hra (under the 'Locations' tab).

When You File a Claim

Besides the date, location, each fraudulent transaction, and amount stolen, you will also need your **mailing address, Client Identification Number (CIN), and the Case Number from the time period when your stolen benefits were issued.**



Your CIN is listed on your permanent EBT card, and your Case Number is available on any notices from HRA, or your ACCESS HRA account (if you have one). If you still cannot locate your Case Number, call HRA Infoline (718-557-1399) or visit your local SNAP, BAC or HASA Center.

If you have had both SNAP and Cash benefits stolen, you must report them on the same claim form. There will be separate sections of the form so the transactions will not get mixed up.



On the claim form itself, you will need to enter both the dates that your SNAP and/or Cash benefits were stolen, and the date you realized they were stolen, the transactions that were fraudulent, as well as the total amount stolen. Be sure to keep SNAP and Cash benefits separate and not combine the two on the form.

SAMPLE

Be sure to check the box attesting that the information you provide is true and accurate. If you do not complete the attestation, your claim form will not be accepted.



BRC-1063 (E)

Date Entered Into
Case Record: _____
Case Number: _____
Case Name: _____
Center Name: _____

For Your Records: Documents We Received From You

This receipt contains a list of documents that we received for your case. If it is not a correct or complete list, please call (718) 557-1399. Otherwise no action is needed from you.

The list of documents below may not be sufficient to verify certain eligibility factors. We will let you know if we need more documents.

SAMPLE

Document Received	Document Received for

MORE DOCUMENTS MAY BE LISTED ON THE NEXT PAGE

Document Received	Document Received for
<h1>SAMPLE</h1>	

SNAP and Cash Assistance Benefit Skimming Replacement FAQ

If your SNAP or Cash benefits have been electronically stolen, you can now submit a claim for replacement of these stolen benefits. Your benefits may be partially or entirely replaced.

What is electronic benefit theft (also known as “skimming” “phishing” or “card cloning”)?

Skimming is a type of theft. Thieves put an overlay on a store’s card-swiping machine to copy EBT, credit, and debit card information. The thieves use the information to make fake cards (called “clones”) and use them to steal money from accounts. Skimming can happen anywhere you swipe your EBT card. Your benefits can be stolen through skimming even if you always have possession of your EBT card.

Phishing is a different type of scheme where thieves trick people into clicking on a link (usually sent through text or email) that allows them to access your account information.

What should I do if my benefits were stolen?

It can be frustrating and frightening to have your benefits stolen. But there are steps you can take to reduce your exposure and submit a claim for replacement benefits.

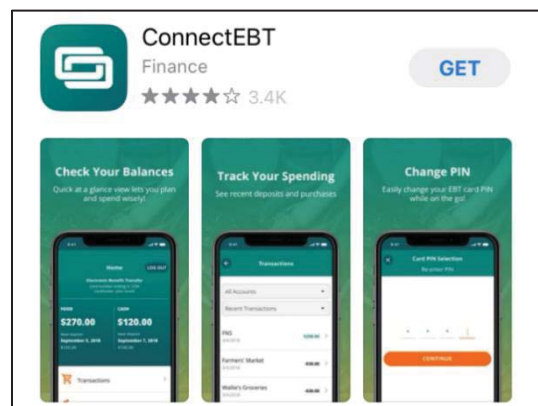
Step 1. Report your card as stolen. If you realize your benefits have been stolen, you must report your EBT card as stolen. To report your card stolen, request a new card, and change your PIN, please go to <https://www.connectebt.com/> or call EBT Customer Service at 888-328-6399. You will not receive any replacement benefits if you have not reported that your EBT card was stolen. **Note:** at this time, connectebt.com is only available in English and Spanish. The EBT Customer Service line requires you to enter the last four digits of your EBT card number – after that, service is available in Arabic, Mandarin, English, Haitian-Creole, Italian, Korean, Russian, and Spanish.

Step 2. Obtain your EBT Transaction history. To submit a claim for replacement benefits, you must report the date, location, and amount of each individual transaction that was fraudulent. These are the transactions which you yourself did not make, but rather were made by whoever stole your card’s information.

How to get your EBT History:

There are several ways to obtain the history of your EBT transactions. Choose whichever is easiest for you:

- **Option 1:** Checking your EBT history at connectebt.com/ or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store); or
- **Option 2:** Calling the toll-free EBT Customer Service line at 1-888-328-6399. You may use the helpline to Hear your last ten transactions on the automated menu or Request a printed two-month statement of your account history from the automated menu or from a customer service representative. You can also



review your transactions with a live customer service representative. For transactions which were more than 15 months ago, you will need to speak to a representative.

Your EBT history will include mostly transactions that you remember making – such as trips to your regular grocery store. But you may see transactions which look strange – stores you’ve never shopped at, maybe even in cities you’ve never visited. These kinds of transactions may indicate electronic benefit theft (fraud). You will need to report the date, location, and amount of each of these fraudulent transactions to submit a claim for replacement benefits.

Step 3. Submit a claim for Replacement Benefits.

Once you have identified which transactions were fraudulent, you are ready to submit a claim for replacement benefits.

There are several ways to submit a claim:

1. Online: visit nyc.gov/hra

Submitting a claim **online is the fastest, easiest method! DSS Strongly recommends applicants submit a claim online if possible.**

2. Mail: To obtain a paper claim form, you can:

- Print a claim form available at nyc.gov/hra or
- Call Infoline [718-557-1399] and request a form be mailed to you.
- Visit your local Center

You can mail a completed paper claim form to:

Department of Social Services
P.O. Box 02-9121
Brooklyn GPO, Brooklyn, NY 11202

Submitting a paper claim form, especially requesting a form be mailed to you, is the slowest method, and it may take longer for DSS to receive your claim and issue any replacement benefits.

3. In-Person: You can visit your Benefits Access Center, SNAP Center, or HASA Center. You can find SNAP and BAC Centers on nyc.gov/hra (under the ‘Locations’ tab).

What information will I need to submit a claim?

You will need:

1. Your Client Identification Number (CIN) and Case number.
2. Your Current Mailing Address
3. The date, location, and amount of each fraudulent transaction.

If you have had both SNAP and Cash benefits stolen, you must report them on the same claim form. There will be separate sections of the form so the transactions will not get mixed up.

What is my client identification number (CIN)?

Your client identification number is an 8-character code which is a mix of letters and numbers. You can find your CIN on your EBT Card, as shown below. It is labeled “ID Number”. Each person on a case has their own CIN – but you MUST use the CIN listed on your EBT card for the application to be processed, even if that CIN belongs to someone else on your case.



How do I find my Case Number?

Your case number has ten characters. The first nine characters are numbers, and the final character is a letter. Your case number is not listed on your EBT card, but you can find your case number on any notices HRA has sent you about your case, and also find it by logging in to ACCESSHRA. If you have trouble finding your case number, you can also call Infoline [718-557-1399] or visit your Center.

Why do I have to confirm that I reported my card as lost or stolen?

HRA wants to ensure that your account is no longer at risk, and that any replacement benefits that are placed on our card are not stolen again. The instructions above, and the instructions on the claim form, can guide you through the process of reporting your card stolen.

How do I complete the rest of the claim form?

There are a few summary fields to fill out before you list your individual stolen transactions.

Cash Benefits: The first section is about stolen Cash benefits. If you did not have any Cash Assistance benefits stolen, please leave this section blank. Below is a list of the questions and instructions.

- **Date I Realized my Cash benefits were stolen:** This is the date when you became aware that your benefits had been stolen. This might not be the date of the actual theft. This date should not be *before* the date of the fraudulent transactions. **If you do not know the exact date, you should leave this field blank.** Leaving this field blank will not cause your claim to be rejected.

- **First Date Cash benefits were stolen:** This is the earliest date in your transaction history where you see a fraudulent transaction. For example, if you see fraudulent Cash transactions on April 3rd 2023 and April 4th 2023 then you should list April 3rd 2023 here. If you only see fraudulent transactions on one date, list that date here. Please note that Cash Assistance transactions from before January 1, 2022 are ineligible for replacement, and should not be listed.
- **Last Date Cash benefits were stolen:** This is the most *recent* date in your transaction history where you see a fraudulent transaction. For example, if you see fraudulent Cash transactions on May 5th 2023 and May 6th 2023, then you should list May 6th 2023 here. If you only see fraudulent transactions on one date, list that date here. If you only see fraudulent transactions on one date, your “first date” and “last date” will be the same – that is OK.
- **Total Cash Benefits that were stolen:** This is the total dollar amount of Cash Assistance Benefits which were stolen. This should be the total (sum) of all the Fraudulent Cash Assistance transactions. For example, if you are reporting one fraudulent cash transaction of \$300, and another fraudulent Cash transaction of \$200, then your Total listed here should be \$500. It is very important that you fill out this “Total” field correctly.

SNAP Benefits: The next section asks about SNAP benefits. If you did not have any SNAP benefits stolen, please leave this section blank. The instructions here are identical to the Cash Assistance portion above, but it’s for SNAP instead of Cash.

- **Date I Realized my SNAP benefits were stolen:** This is the date when you became aware that your SNAP benefits had been stolen. This might not be the date of the actual theft. This date should not be before the date of the fraudulent SNAP transactions. **If you do not know the exact date, you should leave this field blank.** Leaving this field blank will not cause your claim to be rejected.
- **First Date SNAP benefits were stolen:** This is the earliest date in your transaction history where you see a fraudulent SNAP transaction. For example, if you see fraudulent SNAP transactions on April 3rd 2023 and April 4th 2023 then you should list April 3rd 2023 here. If you only see fraudulent SNAP transactions on only one date, list that date here. Please note that SNAP transactions before October 1, 2022 are ineligible for replacement, and should not be listed.
- **Last Date SNAP benefits were stolen:** This is the most *recent* date in your transaction history where you see a fraudulent SNAP transaction. For example, if you see fraudulent SNAP transactions on May 5th 2023 and May 6th 2023, then you should list May 6th 2023 here. If you only see fraudulent SNAP transactions on one date, list that date here. If you only see fraudulent SNAP transactions on one date, your “first date” and “last date” will be the same – that is OK.
- **Total SNAP Benefits that were stolen:** This is the total dollar amount of SNAP Assistance Benefits which were stolen. This should be the total (sum) of all the Fraudulent SNAP Assistance transactions. For example, if you are reporting one fraudulent SNAP transaction

of \$400, and another fraudulent SNAP transaction of \$300, then your Total listed here should be \$700. It is very important that you fill out this “Total” field correctly.

Note: You should not add SNAP and Cash benefits together into one “TOTAL”. For example, if you had \$400 of Cash benefits stolen, and \$500 of SNAP benefits stolen, your “TOTAL” should be \$400 Cash in the Cash Assistance Section and \$500 of SNAP in the SNAP section – not \$900 in either section.

Do I have to complete the attestation part in the last section?

Yes – your claim will not be accepted if you do not check the box attesting to the accuracy and truthfulness of your claim.

What if my case has closed?

You do not need to have an active SNAP or Cash Assistance case to be eligible to receive a replacement benefit. If it has been determined that your benefits were stolen through electronic means such as EBT card skimming, cloning, third party misrepresentation, or other similar fraudulent methods like phishing, you may be eligible for replacement benefit even if your case has closed. If you are found eligible for replacement benefits, these will be available for use on your EBT card even if your case is closed. You do not have to re-apply for SNAP or Cash Assistance in order to access the replacement benefit.

Will all of my stolen benefits be replaced?

It depends. For both benefit types, the replacement benefit you are eligible to receive is either the amount of SNAP or cash benefits that were stolen, or an amount equal to two (2) times the SNAP or cash benefits you received in the most recent complete month during which you received SNAP or Cash before your benefits were stolen, **whichever is less.**

How long will it take to get my benefits after I submit a claim?

Processing time will vary. If you are accepted for replacement benefits, please allow up to 4 weeks for replacement benefits to be put on your card and to receive a notice in the mail notifying you of our decision. You do not need to submit another claim while your claim is being processed – submitting another claim will not help us process your claim more quickly.

How long do I have to submit a claim for replacement benefits after I discover the theft?

For both SNAP and Cash, you must submit a claim for replacement benefits within 30 days of discovering that your benefits were stolen. This means that if the “date of discovery” you list on your claim is more than 30 days ago, your claim will be rejected. However – if you do not know your exact date of discovery, you can leave this field blank. Leaving this field blank will not cause your claim to be rejected.

There is one exception to the 30 day rule: reporting fraudulent transactions from prior to August 7, 2023. For SNAP retroactive claims with dates of theft from October 1, 2022 and Cash Assistance retroactive claims with dates of theft from January 1, 2022 up to August 7, 2023, households must complete and submit the replacement application to the district by October 31, 2023, or within thirty (30) days from the date they discovered the theft, whichever is later.

How far back can we report stolen benefits?

There are separate rules for Cash and SNAP.

For Cash: replacement Cash benefits are limited to fraudulent transactions on or after **January 1, 2022**.

For SNAP: replacement SNAP benefits are limited to fraudulent transactions on or after **October 1, 2022**.

What if I've had my benefits stolen more than once? Are there limit on how many times I can submit a claim?

There are separate rules for Cash and SNAP.

For Cash: Households may not receive more than two (2) replacement Cash benefits for the time period from January 1, 2022 through September 30, 2022. Thereafter, households may not receive more than two (2) replacement Cash benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024). After September 30, 2024, households will only be eligible to receive one (1) replacement Cash benefit in a single federal fiscal year.

For SNAP: Households may not receive more than two (2) replacement SNAP benefits in a single federal fiscal year (October 1, 2022 through September 30, 2023, and October 1, 2023 through September 30, 2024).

SAMPLE



Protect Your Benefits from Skimming

What is Skimming?

Skimming is a type of theft. Thieves put an overlay on a store's card-swiping machine to copy EBT, credit and debit card information. The thieves use the information to make fake EBT, debit or credit cards. The fake cards are called clones. Cloned cards are used to steal money from real accounts. Like yours!

Skimming can happen **anywhere** you swipe your credit, debit, or EBT card. Most of the time, that means EBT or Credit Card machines and ATMs.

You must request a new card as soon as you find out that your benefits were stolen. To get a new EBT card and change your PIN, call the EBT Helpline: 888-328-6399

Protect Your Benefits and Money!

If you think your card has been cloned and your benefits are being stolen, **immediately** call the HRA Fraud Unit: **718-557-1399**

EBT/Credit Card Machine

Know the signs of fraud. Below are some examples you may see in stores.

If you answer **yes** – no fraud is found. If you answer **no** – there is fraud.

Look for an overlay. It's bigger than the original machine:

Overlay

Original



The overlay may hide parts of the machine. If you answer no to any of the 3 questions below, **Do not use the machine.**

Question 1

Do you see a green light, **Yes or No?**



Question 2

Can you see the whole stylus (pen) tray?



Yes

No

Question 3

Can you see the light behind the numbers? You may need to shade the machine from the room lights to see them.



Yes

No

Report suspected skimming overlays. Call the HRA Fraud Unit: **718-557-1399**



How to Complete the Stolen Benefits Claim Form

1. Did you **report your EBT card stolen** when your benefits were stolen? This is *required* to file a claim.

Yes? Go to Step 2.

No? Go to www.connectebt.com or call 1-888-328-6399 to report it stolen, get a new card, and change your PIN

2. **Get your EBT transaction history** online at www.connectebt.com, by downloading the ConnectEBT app, or by calling 1-888-328-6399. You need your EBT transaction history for:

- The **date** your benefits were stolen;
- The **location** where your benefits were stolen; and
- The **amount** of each benefit stolen, each time.

3. **Complete your claim form.** Enter:

a. Your current **mailing address**.

b. Your **Client Identification Number (CIN)**.

[It is on your permanent EBT card. It may be labeled "ID Number"]

c. Your **Case Number** when your benefits were stolen.

[It is on HRA notices or in ACCESS HRA, it has 9 numbers and a letter, it is **NOT** on your EBT card]

d. **Cash Assistance (CA) stolen?** In the Cash Assistance Summary Section enter:

- the **date you discovered the theft** [if unknown, leave blank]
- the **dates of the earliest** and the **latest fraudulent transactions**, and
- the **total amount of CA stolen**.

e. **SNAP stolen?** In the SNAP Summary Section, enter:

- the **date you discovered the theft** [if unknown, leave blank],
- the **dates of the earliest** and the **latest fraudulent transactions**, and
- the **total amount of SNAP stolen**.

Note: Do not mix the stolen CA and SNAP benefits in the summary sections.

f. In the detailed transactions section, enter for each fraudulent transaction:

- the **date**
- program** type (SNAP or CA)
- amount stolen**, and
- the **retailer location**

You will be able to enter more than one transaction if needed.

g. Check the box attesting that the information provided is accurate.

4. **Click submit. Log out of EBT Connect and close all tabs** to protect your data.

You are done! You will get a decision on your claim by mail.



How to Complete the Stolen Benefits Claim Form

1. Did you **report your EBT card stolen** when your benefits were stolen? This is *required* to file a claim.

Yes? Go to Step 2.

No? Go to www.connectebt.com or call 1-888-328-6399 to report it stolen, get a new card, and change your PIN

2. **Get your EBT transaction history** online at www.connectebt.com, by downloading the ConnectEBT app, or by calling 1-888-328-6399. You need your EBT transaction history for:

- The **date** your benefits were stolen;
 - The **location** where your benefits were stolen; and
 - The **amount** of each benefit stolen, each time.
-

3. **Complete your claim form.** Enter:

a. Your current **mailing address**.

b. Your **Client Identification Number (CIN)**.

[It is on your permanent EBT card. It may be labeled "ID Number"]

c. Your **Case Number** when your benefits were stolen.

[It is on HRA notices or in ACCESS HRA, it has 9 numbers and a letter, it is **NOT** on your EBT card]

d. **Cash Assistance (CA) stolen?** In the Cash Assistance Summary Section enter:

- the **date you discovered the theft** [if unknown, leave blank]
- the **dates of the earliest** and the **latest fraudulent transactions**, and
- the **total amount of CA stolen**.

e. **SNAP stolen?** In the SNAP Summary Section, enter:

- the **date you discovered the theft** [if unknown, leave blank],
- the **dates of the earliest** and the **latest fraudulent transactions**, and
- the **total amount of SNAP stolen**.

Note: Do not mix the stolen CA and SNAP benefits in the summary sections.

f. In the detailed transactions section, enter for each fraudulent transaction:

- the **date**
- program** type (SNAP or CA)
- amount stolen**, and
- the **retailer location**

You will be able to enter more than one transaction if needed.

g. Check the box attesting that the information provided is accurate.

4. **Click submit. Log out of EBT Connect and close all tabs** to protect your data.

You are done! You will get a decision on your claim by mail.

Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits

You can use this form to request the replacement of SNAP and/or CA benefits which were stolen electronically through skimming, cloning, phishing, third-party misrepresentation or other similar fraudulent methods. You must report the specific information about the fraudulent transactions. You can find this information by:

- Checking your EBT history at <https://www.connectebt.com/> or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store); or
- Calling the toll-free EBT Customer Service line at 1-888-328-6399. You may use the helpline to:
 - Hear your last ten transactions on the automated menu.
 - Request a printed 2-month statement of your account history from the automated menu or from a customer service representative.
 - Review your transactions with a customer service representative.
 - For transactions more than 15 months ago, you will need to speak to a representative.

Please note, if you have not reported your EBT card lost or stolen and have not yet requested a new EBT card since your benefits have been stolen, your SNAP or CA account is likely still at risk. No replacement benefits may be issued until you have reported your compromised EBT card lost or stolen. To report your card stolen, request a new card, and change your PIN, please call EBT Customer Service at 888-328-6399 or go to <https://www.connectebt.com/>.

Please confirm: I reported my card as lost or stolen after realizing my benefits had been stolen.
 Yes No. (Only YES responses can proceed)

(Turn Page)

**Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits (continued)**

A. HOUSEHOLD INFORMATION

Case Number		

Case Name		

Client Identification Number (CIN) (Must be the CIN of the head of household/payee for the case. This is the CIN listed on your EBT card.)		

Mailing Street Address	Apt./Suite	
_____	_____	
City	State	Zip Code
_____	_____	_____

B. BENEFIT THEFT INFORMATION

I, _____, am the head of household or an adult household member for the above-named case and wish to report fraudulent transaction(s) on my EBT card.

(Turn Page)

Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits *(continued)*

B. BENEFIT THEFT INFORMATION *(continued)*

Application for Replacement of Cash Assistance Benefits

(If you have not had any Cash Assistance benefits stolen, please skip this section and move onto the next section).

Date I realized my Cash benefits were stolen ▶	
First Date Cash benefits were stolen <i>(This is the earliest date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, list that date here. Applications listing dates before January 1, 2022 will be denied because Cash Assistance benefits stolen before January 1, 2022 are ineligible for replacement).</i> ▶	
Last Date Cash benefits were stolen <i>(This is the most recent date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, you can leave this item blank).</i> ▶	
Total Cash benefits which were stolen ▶	

Application for Replacement of SNAP Benefits

(If you have not had any SNAP benefits stolen, please skip this section).

Date I realized my SNAP benefits were stolen ▶	
First Date SNAP benefits were stolen <i>(This is the earliest date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, list that date here. Applications listing dates before October 1, 2022 will be denied because SNAP benefits stolen before October 1, 2022 are ineligible for replacement).</i> ▶	
Last Date SNAP benefits were stolen <i>(This is the most recent date in your transaction history where you see a fraudulent transaction. If you only see fraudulent transactions on one date, you can leave this item blank).</i> ▶	
Total SNAP benefits which were stolen ▶	

(Turn page)

**Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits (continued)**

TRANSACTIONS

List each fraudulent SNAP or Cash Assistance transaction on a separate line, even for purchases occurring on the same date or at the same retailer. Refer to instructions above. These transactions should total up to the total amount of theft you reported in the section above for SNAP and Cash Assistance. Please carefully indicate the dates, amounts, retailer name and location, and whether the fraudulent transactions were from your SNAP or Cash Assistance case.

Please list the transactions that were NOT made by you:

Date of Transaction	Program Type (SNAP or Cash Assistance)	Transaction Amount	Retailer Name & Location (address) of Transaction
SAMPLE			

**Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits (continued)**

TRANSACTIONS (continued)

Please provide any additional information about the theft you feel is important for us to know. If you had more than 20 fraudulent transactions to report and could not fit them on the lines above, you can list them below.

C. CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I understand and agree to the following:

- I must complete, sign and submit this form to request the replacement of stolen benefits.
- The information provided in this request is true and accurate.
- The submission of this request does not guarantee that my benefits will be replaced.
- 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.
- I have a right to a fair hearing to contest the denial or delay of replacement issuance for my household. Replacement would not be issued pending the fair hearing decision.

Name (please print)

Signature

Date

Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits Claim

What information will I need to submit a claim?

You will need:

1. Your Client Identification Number (CIN) **and** Case Number.
2. Your Current Mailing Address.
3. The date, location, and amount of each fraudulent transaction.

If you have had both SNAP and Cash benefits stolen, you must report them on the same form. There are separate sections for SNAP and for Cash so that the transactions will not get mixed up.

What is my Client Identification Number (CIN)?

Your Client Identification Number is an 8-character code which is a mix of letters and numbers. You can find your CIN on your EBT Card, as shown below. It is labeled "ID Number". Each person on a case has their own CIN – but you **MUST** use the CIN listed on the EBT card for the application to be processed, even if that CIN belongs to someone else on your case.

Client Identification Number (CIN) is here. It is labeled "ID NUMBER"



(Turn Page)

Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits Claim (*continued*)

How do I find my case number?

Your case number has ten characters. The first nine characters are numbers, and the final character is a letter. Your case number is not listed on your EBT card, but you can find your case number on any notices HRA has sent you about your case, and also find it by logging in to ACCESSHRA. If you have trouble finding your case number, you can also call Infoline [718-557-1399] or visit your Center.

Why do I have to confirm that I reported my card as lost or stolen?

HRA wants to ensure that your account is no longer at risk, and that any replacement benefits that are placed on your card are not stolen again. The instructions above, and the instructions on the HRA-210 claim form, can guide you through the process of reporting your card stolen.

What else will I need to complete the form?

There are a few summary fields to fill out before you list your individual stolen transactions.

Cash Benefits: The first section is about stolen Cash benefits. If you did not have any Cash Assistance benefits stolen, please leave this section blank. Below is a list of the questions and instructions.

- **Date I realized my Cash benefits were stolen:** This is the date when you became aware that your benefits had been stolen. This might not be the date of the actual theft. This date should not be before the date of the fraudulent transactions. If you do not know the exact date, you should leave this field blank.
- **First date Cash benefits were stolen:** This is the earliest date in your transaction history where you see a fraudulent transaction. For example, if you see fraudulent Cash transactions on April 3, 2023 and April 4, 2023 then you should list April 3, 2023 here. If you only see fraudulent transactions on one date, list that date here. Please note that Cash Assistance transactions from before January 1, 2022 are ineligible for replacement, and should not be listed.

(Turn Page)

**Instructions for Completing
the Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits Claim (continued)**

- **Last date Cash benefits were stolen:** This is the most recent date in your transaction history where you see a fraudulent transaction. For example, if you see fraudulent Cash transactions on May 5, 2023 and May 6, 2023, then you should list May 6, 2023 here. If you only see fraudulent transactions on one date, list that date here. If you only see fraudulent transactions on one date, your “first date” and “last date” will be the same – that is OK.
- **Total Cash benefits that were stolen:** This is the total dollar amount of Cash Assistance Benefits which were stolen. This should be the total (sum) of all the Fraudulent Cash Assistance transactions. For example, if you are reporting one fraudulent Cash transaction of \$300, and another fraudulent Cash transaction of \$200, then your Total listed here should be \$500. It is very important that you fill out this “Total” field correctly.

SNAP Benefits. The next section asks about SNAP benefits. If you did not have any SNAP benefits stolen, please leave this section blank. The instructions here are identical to the Cash Assistance portion above, but it’s for SNAP instead of Cash.

- **Date I realized my SNAP benefits were stolen.** This is the date when you became aware that your SNAP benefits had been stolen. This might not be the date of the actual theft. This date should not be before the date of the fraudulent SNAP transactions. If you do not know the exact date, you should leave this field blank.
- **First date SNAP benefits were stolen:** This is the earliest date in your transaction history where you see a fraudulent SNAP transaction. For example, if you see fraudulent SNAP transactions on April 3, 2023 and April 4, 2023 then you should list April 3, 2023 here. If you only see fraudulent SNAP transactions on only one date, list that date here. Please note that SNAP transactions before October 1, 2022 are ineligible for replacement, and should not be listed.

(Turn Page)

**Instructions for Completing
the Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits Claim (*continued*)**

- **Last date SNAP benefits were stolen:** This is the most recent date in your transaction history where you see a fraudulent SNAP transaction. For example, if you see fraudulent SNAP transactions on May 5, 2023 and May 6, 2023, then you should list May 6, 2023 here. If you only see fraudulent SNAP transactions on one date, list that date here. If you only see fraudulent SNAP transactions on one date, your “first date” and “last date” will be the same – that is OK.
- **Total SNAP benefits that were stolen:** This is the total dollar amount of SNAP Assistance Benefits which were stolen. This should be the total (sum) of all the Fraudulent SNAP Assistance transactions. For example, if you are reporting one fraudulent SNAP transaction of \$400, and another fraudulent SNAP transaction of \$300, then your Total listed here should be \$700. It is very important that you fill out this “Total” field correctly.

Note: You should not add SNAP and Cash benefits together into one “TOTAL”. For example, if you had \$400 of Cash benefits stolen, and \$500 of SNAP benefits stolen, your “TOTAL” should be \$400 Cash in the Cash Assistance Section and \$500 of SNAP in the SNAP section – not \$900 in either section.

Do I need to complete the certification part in the last section?

Yes. Your claim will not be accepted if you do not sign and date attesting to the accuracy and truthfulness of your claim.

(Turn Page)

Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits Claim *(continued)*

Is there anything else I need to do to complete the form?

Yes. You will need to get your EBT transaction history. To submit a claim for replacement benefits, you must report the date, location, and amount of each individual transaction that was fraudulent. These are the transactions which you yourself did not make, but rather were made by whoever stole your card's information.

How do I get my EBT transaction history?

There are several ways to obtain the history of your EBT transactions. Choose whichever is easiest for you:

- **Option 1:** Checking your EBT history at <https://www.connectebt.com/> or by downloading the ConnectEBT mobile app (available for download in the Apple App Store and Google Play Store). You will be able to get up to 15 months of transactions; or



(Turn Page)

Instructions for Completing the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits Claim *(continued)*

- **Option 2:** Calling the toll-free 24 hours a day EBT Customer Service line at 1-888-328-6399. You may use the helpline to hear your last ten (10) transactions on the automated menu or request a printed two-month statement of your account history from the automated menu or from a customer service representative. You can also review your transactions with a live customer service representative. For transactions older than 15 months, you will need to speak to a representative.

Your EBT history will include mostly transactions that you remember making, such as trips to your local grocery store. You may also see transactions which look strange, such as stores where you never shopped. They may even be located in states you have not visited. These types of transactions may indicate electronic benefit theft (fraud). You will need to report the date, location, and amount of each of these fraudulent transactions to submit a claim for replacement benefits.

Now that I know how to complete the claim form, how do I submit it?

Once you have identified which transactions were fraudulent, you are ready to submit a claim for replacement benefits.

There are several ways to submit a claim:

1. **Submit Online:** visit nyc.gov/hra
Submitting a claim online is the fastest and easiest method! DSS strongly recommends completing and submitting the claim form online, when possible.
2. **Mail** the completed **HRA-210** form to:
Department of Social Services
P.O. Box 02-9121
Brooklyn General Post Office
Brooklyn, NY 11202; or

(Turn Page)

**Instructions for Completing
the Request for Replacement of Stolen
Supplemental Nutrition Assistance Program (SNAP) and/or
Cash Assistance (CA) Benefits Claim *(continued)***

2. **Mail:** *(continued)*

To obtain a paper claim submission form, you can:

- Print a claim form available at [nyc.gov/hra](https://www.nyc.gov/hra) ; or
- Call Infoline (718-557-1399) and request a form be mailed to you; or
- Visit your local Center.

Submitting a paper claim form and especially requesting a form be mailed to you is the slowest method. It may take longer for DSS to receive your claim form and issue any replacement benefits.

3. **In-Person:** You can visit your Benefits Access Center, SNAP Center, or HASA Center. You can find a Center on NYC.gov (<https://www.nyc.gov/site/hra/locations/locations.page>).

SAMPLE



Date:

Some of your SNAP and/or Cash Assistance benefits *may* have been stolen electronically in 2022 or 2023. Electronic Benefit theft includes EBT card skimming, cloning, third party misrepresentation, or phishing or other similar fraudulent methods. Skimming is the most common type of electronic benefit theft and occurs when thieves put an overlay on a store’s card-swiping machine to copy EBT, credit, and/or debit card information.

What to do if your benefits were skimmed:

Step 1: Report your EBT card as stolen.

To report your card stolen, request a new card, and change your PIN, please go to <https://www.connectebt.com/> or call EBT Customer Service at 888-328-6399. **You do not need to report your card stolen again if you already reported it when you were skimmed.**

Step 2: Gather information to file a claim for replacement benefits. You will need:

Both your case number and client identification number. Our records show that, if your card was compromised, it was likely the card associated with the below case numbers and Client Identification Numbers (CIN).

Case Number: Client Identification Number (CIN):

- A record of the skimmed transactions.

Our records show a skimming may have occurred in or around . There may also be instances of skimming in other months. Only Cash Assistance benefits stolen on or after January 1, 2022, and SNAP benefits stolen on or after October 1, 2022 are eligible for replacement.

To file a claim, you must also provide the date, location, and amount of any fraudulent transactions you see in your EBT transaction history. These are transactions that you or your household did not make. They could be in stores or even states you never visited.

There are ways to get and review your EBT Transaction history.

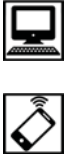

Option 1: Visit <https://www.connectebt.com/> or download the ConnectEBT mobile app (available in the Apple App Store and Google Play Store).

Option 2: Call the toll-free 24 hours a day EBT Customer Service line: 888-328-6399.

(Turn page)

Step 3: Submit Your Claim on or after

Use one of the following:

 <p>Online</p>	<p>Visit nyc.gov/hra on your smartphone or computer.</p> <p>Submitting a claim online is the fastest, easiest method! We strongly recommend submitting a claim online, if possible.</p>
 <p>Mail</p>	<p>You can mail a completed paper claim form to:</p> <p style="text-align: center;">Department of Social Services P.O. Box 02-9121 Brooklyn GPO, Brooklyn, NY 11202</p> <p>To get a paper claim form, you can:</p> <ul style="list-style-type: none"> • Print a claim form available at nyc.gov/hra or • Call Infoline 718-557-1399 and request a form be mailed to you. <p>Visit a local Center to request, complete, or submit a form.</p>

Deadline to submit a claim:

If your benefits were stolen before , you must submit your claim by **October 31, 2023**.

After you submit your claim:

- It can take up to **30 days** to get a decision and funds on your EBT card.
- You do **not** need to visit a center.
- You do **not** need to re-apply for Cash or SNAP benefits.
- You may get replaced benefits even if your Cash or SNAP case closed.
- Even if your claim is approved, you may not get back all the funds that were stolen. The law limits replacements to the lesser of either:
 - the amount that was stolen, **or**
 - double your regular monthly benefit amount

(Turn page)

Note: This letter is not an approval of a claim and does **not** mean you are eligible for replacement. To get replacement benefits, you must submit a claim.

Please also note: Pandemic – EBT (P-EBT) benefits are not eligible for replacement through this process.

To learn more about how to protect your benefits and EBT card from theft, visit nyc.gov/hra.

SAMPLE

ACTION TAKEN ON YOUR REQUEST FOR REPLACEMENT OF STOLEN SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:			
CASE NUMBER:	CIN:				
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____			
		OR Agency Conference _____			
		Fair Hearing Information And assistance _____			
		Record Access _____			
		Legal Assistance Information _____			
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.	
<p>The action(s) taken on your replacement request for stolen Supplemental Assistance Nutrition Program (SNAP) benefits dated _____ is explained below, next to the checked box(es). You reported that you discovered on _____ that \$ _____ was stolen from your SNAP account on _____. Your replacement request is:</p> <p><input type="checkbox"/> APPROVED. You will get \$ _____ to replace your stolen SNAP benefits.</p> <p>The amount of the replacement SNAP benefit must be equal to either the amount of SNAP benefits that were stolen from your account or 2 (two) times the SNAP benefits you received in the month before your benefits were stolen, whichever is less.</p> <p>If you do not use your SNAP account for a period of 274 consecutive days, any SNAP benefit remaining in the account that is at least 274 days old will be expunged (removed) from the account.</p> <p><input type="checkbox"/> DENIED because:</p> <p><input type="checkbox"/> Your SNAP benefits were stolen by a method that is not eligible for replacement. Only households who experienced scam-related theft of SNAP benefits (benefits stolen through electronic means such as card skimming, cloning, or other similar fraudulent methods like phishing) may be eligible for a replacement.</p> <p><input type="checkbox"/> Your request for replacement SNAP benefits was not submitted timely.</p> <p><input type="checkbox"/> The reported theft occurred prior to October 1, 2022, or after September 30, 2024.</p> <p><input type="checkbox"/> You already received the maximum number (2) of replacement benefits for the current Federal Fiscal Year.</p> <p><input type="checkbox"/> There is not enough information to determine that your stolen benefits are eligible for replacement.</p> <p><input type="checkbox"/> You requested replacement of a benefit other than a SNAP benefit.</p> <p>COMMENTS: _____</p> <p>_____</p> <p style="text-align: center;">The above decision(s) is based on the Consolidated Appropriations Act of 2023, Sec. 501(b) (P.L. 117-328).</p>					

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. CONFERENCE (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. STATE FAIR HEARING – You have **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by:

Mail: Send a copy of the entire notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help get ready for the hearing, you have a right to look at your case file. If you call or write us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

ACTION TAKEN ON YOUR REQUEST FOR REPLACEMENT OF STOLEN TEMPORARY ASSISTANCE (TA) BENEFITS

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:		
CASE NUMBER:	CIN:			
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing Information And assistance _____		
		Record Access _____		
		Legal Assistance Information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
<p>The action taken on your replacement request for stolen Temporary Assistance (TA) cash benefits dated _____ is explained below, next to the checked box(es). You reported that you discovered on _____ that \$ _____ was stolen from your TA EBT account.</p> <p>Your request to replace TA benefits that were stolen from your EBT card is:</p> <p><input type="checkbox"/> APPROVED. You will receive \$ _____ to replace your TA EBT benefits.</p> <p><input type="checkbox"/> APPROVED. You will receive \$ _____ to replace your TA EBT benefits. This amount is different than the amount you stated was stolen. This is because the amount of replacement TA benefits cannot be more than the total of 2 (two) months of your monthly EBT benefit, prior to the date which the TA benefits were stolen.</p> <p><input type="checkbox"/> DENIED because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your TA benefits were stolen by a method that is not eligible for replacement. <input type="checkbox"/> Your request for replacement TA benefits was not submitted timely. <input type="checkbox"/> The reported theft occurred prior to January 1, 2022. <input type="checkbox"/> You already received the maximum number of replacement benefits for the current Federal Fiscal Year. <input type="checkbox"/> There is not enough information to determine that your stolen benefits are eligible for replacement. <input type="checkbox"/> The requested replacement is for stolen benefits other than TA benefits. <p>COMMENTS: _____</p> <p>_____</p>				
This decision is based on Social Services Law Section § 152-d.				

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. CONFERENCE (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice **or** write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. STATE FAIR HEARING – You have **90** days from the date of this notice to ask for a fair hearing.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by:

Mail: Send a copy of the entire notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) _____

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax or on-line, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing. At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong. To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements. At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help get ready for the hearing, you have a right to look at your case file. If you call or write us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.



What to Do If Your EBT Benefits Are Electronically Stolen (Skimmed)



If your SNAP or Cash benefits have been electronically stolen, you can now submit a claim for replacement of these stolen benefits. If eligible, your benefits may be partially or entirely replaced.

STEP 1:

If you have not already done so, report your EBT card as stolen at connectebt.com/ or call EBT Customer Service at **888-328-6399**.

STEP 2:

Write on the website or phone, gather your EBT transaction history. Then look up your case information on ACCESS HRA.

STEP 3:

File a claim online at nyc.gov/hra.



Learn more and file a claim:



History Sheet

Case Name	Address	Case Number
		Page No. 1 of 1
Date	This household requested replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits over the phone or in-person with agency staff.	
	An electronic version of the Request for Replacement of Stolen Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance (CA) Benefits (HRA-210) claim form was submitted on their behalf.	
	Read the "Certification" (section C) of the HRA-210 to the client. Client verbally stated they understood and agreed to all statements in that section.	
	SAMPLE	

Worker Name: _____

Date: _____

Date: _____
Case Number: _____
Case Name: _____
Job Center/
NCA SNAP Center: _____

Request for Replacement of Supplemental Nutrition Assistance Program (SNAP) Benefits Stolen from the EBT System

Please complete this form if you are requesting replacement of Supplemental Nutrition Assistance Program (SNAP) benefits stolen from the EBT system.

I am requesting: Replacement of SNAP benefits stolen from the EBT system.

Did you contact EBT Customer Service to report a lost, stolen or compromised CBIC or PIN before the alleged theft of SNAP benefits? No Yes

If yes, when was this contact made? _____

Did you come into a Job Center or a SNAP Center and see a worker to request and complete a PIN Restriction Permission Form?

No Yes

If yes, when was this request made? _____

Was the PIN restriction processed on the card? No Yes

When did you realize that SNAP benefits were stolen from the EBT system? _____

How much in SNAP benefits was stolen from your EBT account? _____

List any information you have concerning the theft of your SNAP benefits from the EBT system.

Participant's Signature

Date of Request

Worker's Signature

Date

Date: _____

Case Number: _____

Case Name: _____

Job Center/NCA SNAP Center: _____

Worker Telephone No: _____

FH&C Telephone No: _____

Action Taken on Your Request for Replacement of Supplemental Nutrition Assistance Program (SNAP) Benefits Stolen from the EBT System

On _____ you requested replacement of SNAP benefits stolen from the EBT system.
(Date)

Your request has been accepted. You will receive \$ _____ for the period _____ to _____.

The Human Resources Administration cannot approve your request for replacement of SNAP benefits stolen from the EBT system. Stolen SNAP benefits can only be replaced due to Agency error, such as a SNAP participant submitting a request to restrict a PIN but the Agency failed to take action and SNAP benefits were subsequently stolen from the EBT system. After reviewing your request, the Agency determined that the Agency or EBT customer service did not fail to deactivate a reported lost, stolen, or compromised Common Benefit Identification Card (CBIC) or complete a requested PIN restriction prior to your reported theft of SNAP benefits. You did not report the theft of SNAP benefits until _____ and the alleged theft of SNAP benefits occurred on _____.

OBSOLETE

Worker's Signature

Date

Supervisor's Signature

Date

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) unit phone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to Ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to: **(518) 473-6735**.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at: **14 Boerum Place, Brooklyn, NY 11201**
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case, such as: pay stubs, leases, receipts, bills and/or doctor's statements etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within ninety (90) days from the date of the notice for SNAP issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline. **Note:** If your situation is extremely serious please explain your situation; the State will attempt to process your request for a Fair Hearing as quickly as possible. If you call to request a Fair Hearing, please be prepared to explain your situation to the person who answers the phone.

OBSCLETE

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____