



**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
Request for Replacement of Stolen SNAP Benefits**

W-3037
(Rev 9/24)

Use this form if you need replacement SNAP benefits because your SNAP benefits were stolen due to card skimming, card cloning, or a similar fraudulent method, between October 1, 2022, and December 20, 2024.

Complete, sign and return this form to the Department of Social Services (DSS) within 10 calendar days. You may also complete this form online at www.ct.gov/snap/replacementbenefits

By signing below, I attest to the following:

My name is: _____	My address is: _____ _____
My client ID #: _____	My phone # is: _____
I believe my SNAP benefits were stolen due to card skimming, card cloning, or a similar fraudulent method.	
The date I discovered the SNAP benefits were stolen: _____	
The total amount of SNAP benefits stolen: \$ _____	
Describe the loss or theft of benefits (be as specific as possible including date(s) benefits were used and the retailer name and address, if known): _____ _____	

CERTIFICATION – PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I understand the following: (1) I have 30 days from the date I discovered my benefits were stolen to request replacement; (2) Replacement benefits due to theft cannot exceed an amount equal to two months of SNAP benefits or the amount of my actual reported loss, whichever is less; **(3) To receive SNAP replacement benefits, DSS must receive this signed form no later than 10 calendar days after the date it was sent by DSS;** (4) I can only receive replacement benefits two times due to theft in a federal fiscal year. A federal fiscal year begins on October 1 and ends on September 30; (5) Benefit replacement claims can only be made for thefts that occurred between **October 1, 2022, and December 20, 2024.**

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 understand that I have the right to a Fair Hearing if I disagree with DSS' decision concerning my request for replacement benefits.

Signature

Date

Mail completed forms to: Department of Social Services, Greater Hartford Field Office
20 Meadow Road, Windsor, CT 06095

If you are deaf or hearing impaired and have a TDD/TTY, call our TDD/TTY hotline at 1-800-842-4524. DSS also has auxiliary aids for the visually impaired. Call 1-855-626-6632 for information.