Use this form if you need replacement SNAP benefits because your SNAP benefits were stolen due to card skimming, cloning, and similar fraudulent methods between 10/1/2022 and 9/30/2024.

Complete and sign this form and return it to DSS within 10 calendar days. You may also complete this form online at [www.ct.gov/snap/replacementbenefits](http://www.ct.gov/snap/stolenbenefits)

**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, cloning, and similar fraudulent methods.

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, retailer name & 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 the amount two months of SNAP benefits or the amount of my actual reported loss, whichever is less. **(3)** **DSS must receive this signed form within 10 calendar days of the date it was sent by DSS in order to receive SNAP replacement benefits;** (4) benefits lost due to theft cannot be replaced more than two times in a federal fiscal year; (5) benefits replacement claims can only be made for thefts that occurred between **10/1/2022** through **9/30/2024**.

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 the decision to replace benefits made by DSS.

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.

This institution is an equal opportunity provider.