
INSTRUCTIONS TO REPORT ELECTRONIC THEFT OF CASH AID

If you think you are a victim of electronic theft of your Electronic Benefit Transfer (EBT) cash aid benefits, call the toll-free California EBT Customer Service number.

⇒ EBT Customer Service is open 24 hours a day, 7 days a week: **1-877-328-9677**

You may get your EBT cash aid benefits replaced if:

- You had your EBT card with you when cash aid benefits were stolen from your EBT account.
- You called the California EBT Customer Service Helpline and reported your lost cash benefits to an EBT Customer Service Representative. Customer Service will give you a dispute claim number. Write this number on the Report of Electronic Theft of Cash Aid form EBT 2259.
- You file a police report about your stolen cash aid benefits.
- You completely fill out the EBT 2259 and give it to your county worker.
- You write the police report number on the EBT 2259 or tell the county worker why you could not file a police report.

Instructions for filing a police report:

- Contact your local city or county police department. **DO NOT CALL 911.** Look for a non-emergency phone number for the police department.
- You may be able to file a police report by phone, in person, or on the police department's website. Check your local police department for how to file a report.
- The police report will have a file number. Keep a copy of this number. You need to write it on the EBT 2259.
- You can waive the police report filing if you have good cause. Please call your county worker and explain your good cause for not filing a police report, so a good cause review can be made.
- **Report of EBT electronic theft and any future claims may be referred for investigation.**

EBT cash aid benefits **cannot** be replaced if:

- You do not turn in a completed EBT 2259 within 90 calendar days from the date of the electronic theft transaction.
- Your EBT card has been **lost or stolen** and/or you gave your Personal Identification Number (PIN) and/or your EBT card number to anyone.

Please call your county worker or go to your local county welfare office if you have questions or need help filling out the EBT 2259.

ELECTRONIC BENEFIT TRANSFER (EBT) IMPORTANT INFORMATION

- If your EBT card was lost/stolen report it immediately to EBT Customer Service at 1-877-328-9677, so they can cancel your card and give you a new one.
- Electronic theft is a form of identity theft. Keep your EBT card and Personal Identification Number (PIN) safe! Keep your PIN secret!
- Do not carry your social security number (SSN) with you.
- **NEVER** enter your PIN if you think someone is watching you. Someone might steal your EBT benefits if they know your EBT card number and PIN.
- Cover the EBT machine's keypad with your hand when entering your PIN.
- **NEVER** tell your PIN to a store clerk, even if they ask for it. If you need help using your card, you may want to consider having someone you can trust listed as your authorized representative. Contact your county worker to set this up.
- You can change your PIN anytime by calling EBT Customer Service at 1-877-328-9677 or by going into your local county welfare office.
- Your PIN number should not be 1234, 1111 or 0000. These PINs are easy for thieves to guess.
- If you have other EBT cardholders in your household remind them to keep their EBT cards and PINs safe too. Someone who knows your card number, SSN, and your date of birth may be able to change your PIN.
- If your EBT card does not work, do not continue to swipe your card through the EBT machine. This is how some electronic theft occurs.
- Whenever possible, do not shop at a store you believe may be stealing your information or benefits.
- **DO NOT** use your EBT card at an ATM or EBT machine that looks like it has been damaged or tampered with, it may be stealing your EBT card information and PIN.
- If you no longer want to use EBT for your cash benefits, you can have them directly deposited into your bank account. Contact your county worker or local county welfare office to get more information.
- Please report any suspicious EBT activity to the fraud hotline at 1-800-344-8477.

REPORT OF ELECTRONIC THEFT OF CASH AID

Instructions: Fill out this form completely and return it to your county worker.

RECIPIENT INFORMATION

FIRST NAME	LAST NAME	EBT CARD NUMBER
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STREET/P.O. BOX

CITY	STATE	ZIP CODE
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PHONE NUMBER	EMAIL
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I believe my cash aid benefits were stolen.

I have had my EBT card with me at all times: Yes No

I last used my EBT card on _____ at _____
DATE LOCATION

for \$ _____ .
AMOUNT

I believe I know who stole my benefits: Yes No

If yes, please write below the name, relationship, address and phone number of the person(s):

I gave my personal identification number (PIN) or EBT card number to someone else: Yes No

If yes, please write below the name(s), relationship(s), addresses and phone numbers of the person/people you gave your PIN or EBT card number to:

I filed a police report on _____ . I reported \$ _____ was stolen.
DATE AMOUNT

Police Report # _____

Name of Police Department: _____

REPORT OF ELECTRONIC THEFT OF CASH AID

Please list all electronic theft cash transactions below, if known:

DATE	AMOUNT	NAME OF STORE	ADDRESS OF STORE	DISPUTE CLAIM # (if known)
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
TOTAL				

If you have any additional information or details, please provide below:

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete to the best of my knowledge. I understand that if I, knowingly, give wrong information or leave out information that I know to be true and I get cash aid that I am not eligible for, I will be responsible for repayment, I can be disqualified from getting cash aid, I can be fined and I can be charged with a crime.

SIGNATURE OF RECIPIENT	DATE
SIGNATURE OF CARDHOLDER (IF DIFFERENT FROM RECIPIENT)	DATE

COUNTY USE ONLY/FAX COPY TO CDSS: (916) 657-2207

CASE NAME:	COUNTY:	CASE NUMBER:	DATE RECEIVED:
COUNTY WORKER NAME:	WORKER PHONE NUMBER:	WORKER EMAIL:	