



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

March 3, 2011

COUNTY FISCAL LETTER (CFL) NO. 10/11-54

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY PROGRAM MANAGERS
ALL COUNTY EBT COORDINATORS

SUBJECT: REPLACEMENT OF STOLEN ELECTRONIC BENEFIT TRANSFER
(EBT) CASH BENEFITS

REFERENCE: WELFARE AND INSTITUTIONS CODE, SECTION 11450

In early January 2011, the state received reports of benefits missing from several hundred EBT cardholder accounts. To expeditiously address this incident, the California Department of Social Services (CDSS) instructed counties to immediately replace the stolen cash benefits and will now reimburse counties for those funds attributable to the California Work Opportunity and Responsibility to Kids program and Cash Assistance Program for Immigrants.

This letter transmits instructions for claiming reimbursement for actual expenditures associated with the theft of EBT cash benefits in January 2011. The attached claim form (Replacement of Stolen EBT Cash Benefits-County Fraud Reimbursement Claim) provides the mechanism by which the affected counties may claim the costs of replacing the stolen EBT cash benefits. Claims should only be submitted for those cases that were validated and sent to counties by the EBT Project-Office of Systems Integration (OSI) and only for the amount of benefits specified, which includes surcharge and balance inquiry fees charged to cardholders and incurred due to the thefts.

The signed claim form must be submitted to CDSS within thirty (30) days from the date of this CFL. The claim form (Attachment 1) and instructions (Attachment 2) are included with this letter. Counties must retain the original signed claim form (if faxed) and supporting documents for the costs claimed for audit purposes.

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

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The invoice should be mailed or faxed to:

California Department of Social Services
Financial Services Bureau
Re: EBT Cash Benefit Replacement
744 P Street, M.S. 9-5-27
Sacramento, CA 95814

Fax: 916 654-5993
Re: EBT Cash Benefit Replacement

Questions regarding claiming issues should be directed to assistance.claims@dss.ca.gov. For all other questions related to this CFL, counties should contact fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

FRAN MUELLER
Deputy Director
Administration Division

Attachments

c: OSI
California Welfare Fraud Investigators Association

REPLACEMENT OF STOLEN ELECTRONIC BENEFIT
TRANSFER (EBT) CASH BENEFITS -
COUNTY FRAUD REIMBURSEMENT CLAIM

County	Date (Month/Year)
Claim Contact	Telephone

		EBT Fraud
	EBT Fraud Identified	Period January 2011
1	Reimbursement for actual expenditures associated with the recent theft of EBT cash benefits	

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in above-named county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
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COUNTY AUDITOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the officer in above-named county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date
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**INSTRUCTIONS FOR REPLACEMENT OF STOLEN
ELECTRONIC BENEFIT TRANSFER (EBT) CASH BENEFITS
COUNTY FRAUD REIMBURSEMENT CLAIM**

GENERAL INFORMATION

1. Enter county name, month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Line 1: Enter total expenditures associated with the recent theft of EBT cash benefits based on the Office of Systems Integration reports provided to the counties.
4. County Welfare Director and County Auditor must certify claim and retain all supporting documents for audit purposes.