

OCTOBER 29, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 21-133**

This letter informs County Welfare Departments (CWDs) of a change to CalFresh benefit replacement policy in accordance with *Ortega v. Johnson* (2020) as it relates to electronic benefit theft, inclusive of benefit theft via skimming and scamming. Effective upon release of this letter, CWDs are responsible for replacing CalFresh food benefits that have been stolen via electronic theft.



**KIM JOHNSON**  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



**GAVIN NEWSOM**  
GOVERNOR

OCTOBER 29, 2021

ALL COUNTY LETTER (ACL) NO. 21-133

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALFRESH PROGRAM SPECIALISTS  
ALL COUNTY CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY DISTRICT ATTORNEYS  
ALL COUNTY EBT COORDINATORS  
ALL COUNTY SPECIAL INVESTIGATION UNITS (SIU)  
ALL CONSORTIA PROJECT MANAGERS  
ALL COUNTY REFUGEE CASH ASSISTANCE (RCA) PROGRAM  
COORDINATORS  
ALL COUNTY CASH ASSISTANCE FOR IMMIGRANTS (CAPI)  
PROGRAM SPECIALISTS

SUBJECT: ORTEGA V. JOHNSON (2020) – STATEWIDE POLICY  
REGARDING CALFRESH BENEFIT REPLACEMENT DUE TO  
ELECTRONIC THEFT

REFERENCE: ORTEGA V. JOHNSON (2020); [ALL COUNTY LETTER \(ACL\) 13-67](#); [ACL 18-148](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) § 63-603](#); [MPP § 21-115](#); [TITLE 7 OF THE CODE OF FEDERAL REGULATIONS \(CFR\) § 274.6](#); [7 CFR § 273.16](#)

This letter informs County Welfare Departments (CWDs) of a change to CalFresh benefit replacement policy in accordance with *Ortega v. Johnson* (2020) as it relates to electronic benefit theft, inclusive of benefit theft via skimming and scamming. Effective upon release of this letter, CWDs are responsible for replacing CalFresh food benefits that have been stolen via electronic theft.

This letter outlines a procedure for CalFresh recipients who believe their food benefits have been electronically stolen to report the theft and, if determined by the CWD to meet the requirements established in this ACL, to have the stolen food benefits promptly restored to their Electronic Benefit Transfer (EBT) account. This procedure includes a revised form for recipients to report the theft, a timeline for county review of

the form and corresponding county action instructions regarding when a referral for investigation must be made, and revised notices of action.

To the extent permitted by current laws and regulations, the procedure outlined in this letter is aligned with existing policy and procedure for the replacement of stolen California Work Opportunity and Responsibility to Kids (CalWORKs) cash benefits as outlined in [ACL 13-67](#), released on August 30, 2013, and [ACL 18-148](#), released on December 31, 2018.

## **BACKGROUND**

Electronic theft occurs when a recipient (or authorized representative) has not lost physical possession of their EBT card and benefits are stolen from their account electronically. Two types of electronic theft include skimming and scamming. Skimming involves the use of electronic equipment to capture a recipient's EBT card information without the recipient's knowledge. Scamming involves deceiving or misleading a recipient to unwittingly give their account information. In both cases, perpetrators steal the recipient's benefits by creating a counterfeit card or by conducting a key-entered transaction through the numeric keypad on the point-of-sale device without the use of a physical EBT card.

In the case of *Ortega v. Johnson*, the appellate court found that based on the plain language of current state regulations, CalFresh recipients are entitled to replacement of their benefits when benefits are lost due to electronic theft, provided the request for replacement is made within 10 days of the loss. For thefts reported on or after the release date of this letter, CWDs are to accept reports of stolen benefits and, if determined to meet the requirements established in this ACL, promptly restore stolen benefits to the recipient's EBT account.

Federal Supplemental Nutrition Assistance Program (SNAP) regulations do not provide for the replacement of stolen SNAP benefits, regardless of the method by which they were stolen. Therefore, pursuant to *Ortega v. Johnson*, CalFresh food benefits replaced under this policy. Pursuant to this ACL, CalFresh food benefits will be replaced with state-funded benefits.

CalFresh food benefits stolen electronically, whether by skimming or scamming, cannot be replaced more than twice in six months. Limitations on replacement of stolen CalFresh benefits are described in more detail below.

CalFresh benefit replacements, whether federal or state funded, must not be counted as income or as a resource when determining future eligibility or benefit levels.

Throughout this letter, reference to 'CalFresh' food benefits, is inclusive of state-funded California Food Assistance Program benefits. Note that this policy change does not apply to state-funded Supplemental Nutrition Benefits or Transitional Nutrition Benefits.

### **REPORTING PROCESS**

There are two ways a recipient can report possible electronic theft:

1. The recipient can contact the California EBT Customer Service Helpline, which will explain the reporting process and refer the recipient to their CWD for additional information and submission of the revised *Report of Electronic Theft of Cash Aid and Food Benefits* (EBT 2259) form (Attachment 1). The Customer Service Representative (CSR) will provide a Dispute Claim Number to the recipient. The CSR will deactivate the recipient's EBT card and issue a new one.

**OR**

2. The recipient can contact the CWD directly. The CWD will explain the reporting process to the recipient, provide the revised EBT 2259 form, and inform the recipient that they must contact the EBT Customer Service Helpline to report the stolen benefits and file a dispute claim. The CWD will deactivate the recipient's EBT card and issue a new one. For recipients whose benefits were scammed, the CWD will read through the *EBT Scamming Acknowledgement* (EBT 2259A) reminding them to never give out their EBT card number and personal identification number (PIN) to anyone, and inform them that the state, county, and federal government will never ask for their PIN.

Note that the "report" occurs when the CWD or EBT Customer Service Helpline is contacted and informed of the theft. As described below in the *Time Period to Report Stolen Benefits* section, the report must occur within 10 days of the electronic theft. Once the report is made within the ten-day period, the recipient must complete the EBT 2259 within 90 days of the electronic theft.

### **REPORT OF ELECTRONIC THEFT (EBT 2259)**

The existing EBT 2259 form has been revised to include CalFresh food benefits and must be used by both CalFresh and cash aid recipients to report claims of electronic theft. The EBT 2259 must be filled out completely, including the recipient's signature and the date the form was completed. The EBT 2259 includes an instruction page to assist recipients and CWDs in completing the form, as well as information about protecting their EBT card number and PIN.

For electronically stolen CalFresh food benefits, the recipient is **not** required to file a report with the local law enforcement agency. If the recipient *voluntarily* files a police report, they may write the police report number on the EBT 2259. A temporary police report number is acceptable. The recipient is not required to attach a copy of the voluntary police report to the EBT 2259.

Upon receipt of the EBT 2259, the CWD must review the form to ensure the recipient has provided complete information.

If the form alleges scamming, the CWD must determine if the information provided is consistent with typical scamming practices. See [ACL 18-148](#) page four for information on typical scamming practices. If the claim is not consistent with typical scamming practices, the claim should be considered for further review.

The CWD must send a scanned copy of the EBT 2259, with a signature from a CWD supervisor or above, to [CDSSEBT@dss.ca.gov](mailto:CDSSEBT@dss.ca.gov) along with the recipient's name and State Unique Identifier (SUID). If the EBT 2259 form is incomplete, it will be returned to the email of origin for completion. A complete form is required for adequate tracking of all electronic theft claims. In the case of scamming, an EBT 2259A must also be included.

It is the CWD's responsibility to verify that a recipient's food benefits have not been replaced as a result of electronic theft more than twice in a 6-month period. See the *Limitations on the Number of Replacements* section below for more information on the replacement limits. At this time the California Department of Social Services (CDSS) EBT Unit will track all replacement requests via the above-described submission to the CDSS EBT Unit inbox.

### **TIME PERIOD TO REPORT STOLEN CALFRESH BENEFITS**

For stolen CalFresh benefits, the recipient must report the loss no later than 10 calendar days from the date of the loss. A recipient may satisfy the reporting requirement in the following ways: (1) contact the EBT Customer Service Helpline or (2) contact the CWD within 10 calendar days from the date of the electronic theft transaction (the loss) to be eligible for CalFresh benefit replacement. Note that a report may include transactions within and outside of the ten-day timeframe. In such circumstances, only losses within the 10 days must be replaced.

Unlike CalWORKs policy, which provides 90 calendar days to report the theft of CalWORKs cash benefits, per [MPP Section 63-603.154\(b\)](#) CalFresh recipients must report the loss within 10 calendar days. In addition to reporting the theft, CalFresh recipients must complete and submit the EBT 2259, and EBT 2259A when applicable,

to the CWD within 90 days of the theft transaction (the loss). These reporting and filing time periods apply whether the theft is due to skimming or scamming.

On the updated EBT 2259 form, recipients are advised that a delay in completing and submitting the EBT 2259 or 2259A form to the CWD may cause a delay in the processing of their benefit replacement request.

### **PROCESSING PERIOD**

Assuming the report was made timely and upon receipt of a complete EBT 2259, the CWD has 10 business days to issue a benefit replacement. This processing time period applies whether the theft is due to skimming or scamming.

After receiving a complete EBT 2259 from the recipient, and before issuing the replacement, the CWD must check ebtEDGE each workday to determine if the food benefit dispute claim has been denied or approved by the State EBT Vendor. The State EBT Vendor has 25 calendar days from receipt of a CalFresh dispute claim to issue an approval or denial of that claim. This EBT vendor time period applies whether the theft is due to skimming or scamming. CWD staff may also check the Statewide Automated Reconciliation System (SARS) "Claim Activity Report" before issuing the benefit replacement. This report lists the status of the State EBT Vendor food benefit dispute claims (i.e. new, approved, or denied). Counties are encouraged to issue the benefit replacement as quickly as possible within the 10-business-day timeframe.

- **CalFresh dispute claim approved:** If the CalFresh dispute claim has been approved by the State EBT Vendor before the CWD processes the EBT 2259, the CWD must deny the EBT 2259 claim by written notice and close it out. If a claim is approved by the State EBT Vendor, the recipient will receive an automated phone call from the State EBT Vendor that their EBT account has been credited.
- **CalFresh dispute claim denied:** If the CalFresh dispute claim is denied by the State EBT Vendor before the CWD processes the EBT 2259, the CWD must review the EBT 2259 claim and, if applicable, issue the replacement immediately.
- **CalFresh dispute claim pending:** If the claim has not been approved or denied by the State EBT Vendor within 10 business days of receiving the completed EBT 2259, the CWD must, if applicable, issue the replacement no later than the tenth business day from the date of receipt.

Note: In most instances, the State EBT Vendor denies electronic theft claims when it appears that a legitimate EBT card and PIN were used to perform the CalFresh

transaction. The State EBT Vendor only investigates and makes benefit adjustments for system errors. The vendor does not investigate or determine electronic theft transactions.

As previously described, once the replacement has been denied or approved by the CWD, the CWD must send a scanned copy of the EBT 2259 to [CDSSEBT@dss.ca.gov](mailto:CDSSEBT@dss.ca.gov). For scamming, the CWD must also include the EBT 2259A. If the EBT 2259 form is incomplete, it will be returned to the email of origin for completion. A complete form is required for adequate tracking of all electronic theft claims.

All replacements must be posted and reconciled to the month of the initial issuance in order to identify all duplicate transactions.

### **LIMITATIONS ON NUMBER OF REPLACEMENTS**

Per [MPP Section 63-603.211](#), CalFresh food benefits stolen via electronic theft cannot be replaced more than twice in a six-month period. A countable replacement includes a replacement of benefits due to electronic theft. A non-countable replacement includes a replacement of benefits due to food loss as a result of a household misfortune, for example, mass replacement due to power outages.

Note: Benefits may be skimmed in a single large transaction or in a series of smaller transactions over time. The term “countable replacement” refers to each overall skimming/scamming sequence reported by a recipient, regardless of the number of specific transactions that were involved. For example, if a claimant reports skimming that occurred over the course of a week in a series of four fraudulent purchases, and the CWD approves the claim, this would constitute one countable replacement, not four.

Per [MPP Section 63-603.23](#), replacements must be provided to the household in the amount of the loss, up to a maximum of one month’s allotment. An exception is made when the amount of the loss includes benefits which have been restored to the household (e.g. replacement resulting from a household misfortune). In this instance, the amount replaced may exceed a one-month allotment, up to the amount of the loss.

Per [MPP Section 63-603.413](#), the CWD must deny or delay the replacement when:

- (a) Available documentation indicates that the household’s request for a replacement appears fraudulent; or
- (b) The CWD determines that the request for replacement does not meet the criteria for electronically stolen benefits.

Per [MPP Section 63-603.42](#), if the recipient has already been issued the maximum allowable number of countable replacements, approval of a subsequent replacement

request must be delayed until the CWD can verify that the replacement requested is not countable, for example due to food loss as a result of a household misfortune.

### **PROGRAM INTEGRITY FOR ELECTRONIC THEFT**

A referral for investigation must be made when the CWD determines based on observations or conditions, knowledge of the case, or other sources of information, that fraud may exist or has been attempted. One potential reason to suspect fraud is that the alleged theft was not consistent with any of the typical scamming practices noted in [ACL 18-148](#), page four.

Additionally, dollar and frequency thresholds have been established to determine when to make a referral for investigation. These dollar and frequency thresholds align with those articulated in [ACL 18-148](#), beginning on page eight.

The CWD is required to make a referral for investigation when the following occurs:

- An electronic theft claim is equal to or exceeds \$1,000 and the claim amount is over the maximum monthly allotment for the household.

The CWD may consider, but is not required, to make a referral for investigation when the following occurs:

- More than two electronic theft skimming claims have been processed during a six-month period (regardless of whether a replacement was issued).

The CWD must make a referral for investigation and pend the electronic theft replacement for up to 25 calendar days when three or more electronic theft claims are filed within a 12-month period.

Note: If the claim is referred for investigation and the Special Investigations Unit (SIU) determines an investigation will not be initiated, the electronic theft replacement must be issued as soon as possible, but not later than 25 calendar days from receipt of the completed EBT 2259.

If the electronic theft replacement is pending and the SIU determines an investigation will be initiated, the CWD must monitor the status of the investigation and:

- If the investigation is completed within 25 calendar days and the claim is determined to be fraudulent, a replacement will not be issued.



- If the investigation is completed within 25 calendar days and the SIU determines the claim is not fraudulent, the replacement must be issued as soon as possible, but no later than the 25<sup>th</sup> calendar day from receipt of the completed EBT 2259.
- If the investigation is not completed within 25 calendar days, the electronic theft replacement must be issued by the 25<sup>th</sup> calendar day from receipt of the completed EBT 2259, while the investigation is ongoing.
- If the investigation results determine the claim is fraudulent and the electronic theft replacement has been issued, the CWD must pursue appropriate prosecutorial or administration actions, pursuant to [7 CFR Section 273.16\(a\)](#).

These thresholds do not preclude the CWD or SIU from using other information or criteria to determine necessity for an investigative referral, especially if the theft was near the recipient's residence and does not appear to be part of a broader effort to trick recipients into revealing their EBT PIN. However, the CWD should exercise judgment considering all of the facts and circumstances when deciding whether to refer a case for further investigation, and should not assume an SIU referral is appropriate based on a single fact or factor alone other than when the CWD is required to refer a case for investigation as listed above.

Though not specifically required, it is important that the CWD develop a process for tracking all electronic thefts resulting from both skimming and scamming activities. The tracking process supports the CWD in identifying patterns for skimming and scamming activities.

### **DOCUMENTATION AND RECONCILIATION**

CWDs must document in the household's case file a full record of all replacements granted to the household, including each request for replacement, the date, the reason, disposition of the request, and whether the replacement was countable. To meet this requirement, the CWD may include case notes and a copy of the EBT 2259.

The full record of replacements must, at a minimum, provide information necessary to identify and differentiate between electronically stolen benefit replacements, which are countable, and replacements that are not subject to the replacement limit, such as those resulting from a household misfortune.

### **OVERISSUANCE OF REPLACEMENT BENEFITS DUE TO THEFT**

The CWD must continue to check SARS for 25 calendar days from the date of the food benefit dispute claim to verify whether the State EBT vendor has approved or denied

the recipient's food benefit dispute claim. If the food benefit dispute claim is approved after the CWD has issued the replacement benefit, the second issuance is **not** an overissuance.

### **CHANGES TO THE EBT 2259 REPORT OF ELECTRONIC THEFT OF CASH AID AND EBT 2259A SCAMMING ACKNOWLEDGEMENT**

The revised EBT 2259 and EBT 2259A forms are attached to this letter and are available for use with the release of this letter. The forms now address both food and cash benefit theft. Counties should use these forms in shelf stock.

### **NOTICE OF ACTION (NOA) FORMS**

The following NOAs have been revised to facilitate their use for electronic theft of food benefits:

- WI 100072A
- WI 10072B
- M44-350K

### **EBT BENEFIT TYPE**

At this time, the EBT benefit type that was established for electronic theft of cash benefits must also be used when issuing food benefit replacements.

Benefit Type Name: Electronic Theft Replacement Cash Benefits (ETRCB)

Benefit Type Code: ETRCB

Aid Code: No state issued aid code

Payment of electronic benefit theft replacement must be issued through SAWS. The payment must not be issued using the original aid code. As a reminder CWDs must make a note/reference in the case file that a replacement of food benefits has been made and processed, inclusive of the date filed.

### **CAMERA-READY COPIES AND TRANSLATIONS**

For camera-ready copies of the EBT 2259 and the EBT 2259A in English and Spanish, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). The EBT 2259 can also be obtained by recipients via the [EBT Project website](http://www.ebtproject.ca.gov) at [www.ebtproject.ca.gov](http://www.ebtproject.ca.gov). For questions on translated materials, please contact Language Services at 916-651-8876. Until translations are available, counties shall send the English version of the form or NOA, along with the GEN 1365 - Notice of Language Services and a local contact

number, to recipients who have elected to receive the materials in languages other than English.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in [MPP Section 21-115](#). This ACL and other [CDSS Letters and Notices](#) are available on the internet at: <https://www.cdss.ca.gov/inforesources/letters-and-notice>.

English and Spanish version of the notices of action can be found on the [CDSS web page](#) at: <https://cdss.ca.gov/inforesources/forms-brochures>. For questions on English or Spanish forms, please call CDSS Forms Management Unit at (916) 657-1907. For copies of this form in other languages, you may go to the [CDSS web page](#) at: <https://cdss.ca.gov/inforesources/translated-forms-and-publications>. Translated materials are posted on a flow basis as soon as they are completed. For questions on translated materials, please contact CDSS Language Services at (916) 445-6778.

### **COUNTY CLAIMING AND REIMBURSEMENT PROCESS**

A related County Fiscal Letter (CFL) describing claiming instructions related to CalFresh benefit theft replacement claiming will be issued under separate cover in the near future.

### **CDSS CONTACT**

For questions regarding this ACL, please contact the CalFresh Policy Bureau at [CalFreshPolicy@dss.ca.gov](mailto:CalFreshPolicy@dss.ca.gov) or the EBT Unit at [cdssebt@dss.ca.gov](mailto:cdssebt@dss.ca.gov).

Sincerely,

### ***Original Document Signed By***

JENNIFER HERNANDEZ  
Deputy Director, California Department of Social Services  
Family Engagement and Empowerment Division

Attachments

## REPORT OF ELECTRONIC THEFT OF BENEFITS

Instructions: Fill out this form completely and return it to your county worker. Any delays in the completion and/or submission of this form may cause a delay in the processing of your replacement.

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### INSTRUCTIONS TO REPORT ELECTRONIC THEFT OF BENEFITS:

If you think you are a victim of electronic theft of your Electronic Benefit Transfer (EBT) 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**
- **TTY: 1-800-735-2929 (Telecommunications Relay Service for Hearing/Speech Impaired)**

### You may get your EBT benefits replaced if:

- You had your EBT card with you when benefits were stolen from your EBT account.
- You still retain the EBT card used in the electronic theft and you give it to your county welfare department.
- You called the California EBT Customer Service Helpline and reported your lost 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 Benefits form EBT 2259.
- You file a police report about your stolen cash aid benefits. **You are not required to file a police report if only food benefits were stolen.**
- 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.
- You **had** the EBT card used in the theft with you when benefits were stolen from your EBT account and you knowingly provided your EBT card number and personal identification number (PIN) to an unauthorized 3rd party that you believed to be the contracted EBT vendor, an approved retailer or a government entity, but not more than one time in a 36-month period for cash benefits nor more than two times in six months for food benefits. This is known informally as a scam.

### Instructions for filing a police report for your stolen cash benefits:

- 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 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**.
- You gave your EBT card number and personal identification number to someone you know and your benefits were stolen by them.

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**ELECTRONIC BENEFIT TRANSFER (EBT) IMPORTANT INFORMATION**

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- 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!
- The County, State, and Federal Government will never ask you for your PIN.
- The EBT vendor, grocery store, farmers' market or any cashier or manager will never ask you for your PIN.
- If someone asks for your PIN, they are trying to steal your benefits. Do not give them your PIN!
- 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**.

**RECIPIENT INFORMATION**

Last Name:	First Name:	Middle Initial:	EBT Card Number:	
Address (Street or P.O. Box):		City:	State:	Zip:
Phone Number:		Email Address:		

**INCIDENT INFORMATION**

<b>I believe my benefits were stolen by:</b>		
<b>Skimming:</b> The use of electronic equipment to take your information <u>without your knowledge</u> . <b>Scamming:</b> Falsely convincing you to give your EBT and/or personal information to someone else.	I was scammed <input type="checkbox"/> <i>If checked, please complete EBT 2259A.</i>	My card was skimmed <input type="checkbox"/>
I have had my EBT card with me at all times:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I last used my EBT card on:	Date:	At (Location):
I filed a police report on:	Date:	Report Number:
Name of police or sheriff's department:		
I did not file a police report: <input type="checkbox"/>		
Reason for not filing a police report:		
<b>If you were instructed to call a number or go to a website, please provide that number or website.</b>		
If a text message, number you were instructed to call:	Website you were instructed to visit:	

**SUBJECT INFORMATION**

<input type="checkbox"/> I have information about who stole my benefits. If yes, please provide information about that person.			
Last Name:	First Name:	Relationship To You:	
Address:	City:	State:	Zip:
Additional information about the person and incident:			

**TRANSACTIONS**

Please list all the cash theft transactions below. (Use additional pages if necessary)

Date of Transaction(s)	Amount of Transaction(s)	Name of Location Where Transaction(s) Occurred	Address of Location of Transaction(s)	Claim #

Please provide any additional information you feel is important to this incident.

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**DECLARATION OF TRUTH**

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 benefits that I am not eligible for, I will be responsible for repayment, I can be disqualified from getting benefits, 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**

<b>APPROVED:</b> <input type="checkbox"/>		<b>DENIED:</b> <input type="checkbox"/>			
Case Name:		County:		SUID:      Date:	
County Worker Name (Please Print):		County Worker Phone Number:		County Worker Signature:	
CWD Authorizing Signature (Supervisor or Above):			CWD Authorizing Name (Please Print):		
Title of CWD Authorizing:			CWD Authorizing Phone Number:		

**COUNTY WELFARE DEPARTMENT! ONCE APPROVED OR DENIED BY A SUPERVISOR OR ABOVE, A COMPLETED COPY OF THIS FORM MUST BE SCANNED AND SENT VIA EMAIL TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES: [CDSSEBT@DSS.CA.GOV](mailto:CDSSEBT@DSS.CA.GOV) FAILURE TO DO SO MAY RESULT IN YOUR COUNTY NOT BEING REIMBURSED.**

## EBT SCAMMING ACKNOWLEDGEMENT

I have been scammed into giving out my EBT card number and personal identification number (PIN) to someone else who then stole benefits from my account.

I know now that no one from the state, customer service or EBT vendor will ask me for my PIN.

I know to keep my Personally Identifiable Information (PII) private, to reduce identity theft.

### PERSONALLY IDENTIFIABLE INFORMATION (PII):

- |                           |  |                        |
|---------------------------|--|------------------------|
| • Name                    | • EBT card number                              | • PIN                  |
| • Birthdate               | • Social Security Number                       | • Street Address       |
| • Driver's license number | • All bank ATM or credit card numbers and PINs | • Mother's maiden name |

My County Welfare Department, the State of California and the Federal Government will **NEVER** call or text me requesting my personal information listed above.

When I call the county or the EBT client customer service call center at 1-877-328-9677, TTY (Telecommunication Relay Service for Hearing/Speech Impaired) 1-800-735-2929 I may be asked my personal information to verify who I am. HOWEVER, they will **never** ask for my PIN.

There is only **one** EBT client website for California at <https://www.ebt.ca.gov> that requires my card number. The EBT client website will **never** ask for my PIN.

If a website, phone call, text, or app requires me to enter my PIN, I understand that it could lead to my benefits being stolen.

- I am to keep my PIN secret at all times.
- I am to choose a harder PIN and not something easy like 1234 or 1111.
- To prevent identity theft, I will keep all my personal information secret, unless I have called EBT customer service at the phone number listed above.
- I will keep my PIN separate from my EBT card.

I know that I can only be reimbursed for an electronic theft scam one time in a 36-month period for cash benefits and twice in a 6-month period for food benefits.

I know that any delay in the submission of this form may cause a delay in the processing of my replacement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### COUNTY USE ONLY

Approved: <input type="checkbox"/>		Denied: <input type="checkbox"/>	
Case Name:	County:	SUID Number:	Date:
County Worker Name:	Worker Phone Number:	Worker Email:	



State of California  
Department of Social Services

Noa Msg Doc No.: WI 10072A Page 1 of 1  
Action : Approval  
Issue: EBT Theft Resolution  
Title: EBT Replacement Approval

Auto ID No.:  
Source :  
Issued by :

Use Form No. : NA 290  
Original Date : 01/01/2013  
Revision Date : 11/01/2021

Reg Cite : WIC 10072, 44-350, Ortega v. Johnson, MPP section 63-603

MESSAGE:

Your benefits were (\_\_\_\_) skimmed (\_\_\_\_)scammed

On (date), the County  
replaced \$\_\_\_\_\_ in your EBT cash (\_\_\_\_) food(\_\_\_\_)  
aid account.

HERE IS WHY:

The County has approved your  
request to replace electronically  
stolen benefits.  
If you get another notice about  
stolen benefits and you  
have questions call the county.

If you are on cash aid, this amount will not be counted as income or  
property in the month paid or in the next month.

Please note: If your benefits were scammed, you cannot have any new scammed  
cash benefits replaced for 36 months. Skimmed and scammed food benefits can  
only be replaced twice within six months. Keep your PIN and EBT card  
separate.

INSTRUCTIONS: Use to notify client when replacement of lost benefits are  
approved due to electronic theft.

State of California  
Department of Social Services

Noa Msg Doc No.:WI 10072B Page 1of1  
Action : Informational  
Issue: EBT Theft Resolution  
Title: EBT Replacement Review

Auto ID No.:  
Source :  
Issued by :

Use Form No. : NA 290  
Original Date : 01/01/2013  
Revision Date : 11/01/2021

Reg Cite : WIC 10072, 44-350, Ortega v. Johnson, MPP section 63-603

MESSAGE:

Your request for replacement of \$\_\_\_\_\_ to  
your EBT account is being  
reviewed by the county.

HERE IS WHY:

[ ] This is your third electronic theft  
claim in the last 12 months. We will let  
you know if your request has been approved  
or denied within 25 days.

[ ] Your claim is for \$1000 or more. We  
will let you know if your request has been  
approved or denied.

( ) You had more than one scammed cash benefit request within 36 months.

( ) You had more than two electronically stolen food benefit requests within  
6 months.

INSTRUCTIONS: Use to notify client when replacement of lost benefits will be  
delayed due to a county review of eligibility.

State of California  
Department of Social Services

Noa Msg Doc No.: M44-350K Page 1 of 1  
Action : Denial Adjustment  
Issue: EBT Theft Resolution  
Title: EBT Replacement Denial

Auto ID No.:  
Source :  
Issued by :

Use Form No. : NA 290  
Original Date : 10/01/02  
Revision Date : 11/01/2021

Reg Cite : WIC 10072, 44-350, Ortega v. Johnson, MPP section 63-603

MESSAGE:

The County has denied your request for replacement of \$\_\_\_\_\_ to your EBT benefit account.

HERE IS WHY:

- ☐ You did not file a police report and you did not tell us you had a good reason.
- ☐ You did not file a police report and you claimed you had a good reason, but the county determined you did not.
- ☐ Your claim has been investigated and found that electronic theft of benefits did not happen.
- ☐ You gave your EBT card and/or PIN to someone.
- ☐ Your benefits were already replaced.
- ☐ You did not file a claim with EBT Customer Service. Please call 1-(877)328-9677 to file a claim.
- ☐ You asked for the replacement of cash benefits more than 90 days after the date of the electronic theft.
- ☐ You reported the loss of food benefits more than 10 days after the date of the electronic theft.
- ☐ You filed a completed EBT 2259 form more than 90 days after the date of the electronic theft.
- ☐ Your EBT card was lost or stolen.
- ☐ Your scammed electronically stolen cash benefits have already been replaced within 36 months.
- ☐ Your electronically stolen food benefits have already been replaced twice within 6 months.

If you disagree with this action, you can request a hearing. The back of this notice tells you how. If you do apply for a hearing, you will not be able to get "aid paid pending."

INSTRUCTIONS: To be sent to client when denying their electronic theft claim (M44-350K).