

## DSHS Claim of Stolen EBT Benefits: Food

**Benefit theft is a crime.** We encourage reporting it to your local police department. No police report is required for this claim.

**Claims of stolen benefits must be reported to DSHS within 30 days of discovering the loss.** To file a claim:

- Call our Customer Service Contact Center, toll free at 877-501-2233;
- Visit your local Community Services Office during normal business hours; or
- Complete, sign, and return this form by: Mail to PO Box 11699, Tacoma WA 98411; Fax to 888-338-7410; or use the drop box at your local Community Services Office after hours.

I, \_\_\_\_\_ (please print first and last name of Head of Household) report that benefits have been stolen from my Electronic Benefits Transfer (EBT) account via skimming, cloning, phishing or similar fraudulent use. **Card skimming, cloning, and similar fraud is theft of card data and PIN numbers, which allow thieves to steal funds from accounts, make purchases, and sell card information.**

Head of Household Client ID Number: \_\_\_\_\_

Head of Household Date of Birth: \_\_\_\_\_

Date I discovered my benefits were stolen: \_\_\_\_\_

**Please provide all the information you have regarding benefits skimmed, cloned, or used fraudulently.**

Transaction Date	Name of Business Where Fraudulent Use Occurred	Address	Food Amount

Was your EBT card in your possession at all times?  Yes  No

Do you use a third party EBT website or app other than ebtEDGE?  Yes  No

### Declaration and Signature

I certify, under penalty of perjury, that the information declared and provided in this Claim of Stolen EBT Benefits is correct and accurate to the best of my knowledge.

- I did not benefit in any way from the funds that were taken from my account.
- I understand that false statements in this claim may constitute fraud and result in being disqualified from the program, fined, imprisoned, or a combination of these penalties.

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

You have the right to request an administrative Hearing if you disagree with the agency actions on your benefits.

This institution is an equal opportunity provider.

