

## 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 FOR RECEIVING A REPLACEMENT OF ELECTRONICALLY STOLEN BENEFITS

If you think you are a victim of electronic theft of your CalFresh food benefits or cash benefits, contact your local county office or California EBT Customer Service Helpline to cancel your EBT card and get a new card.

Note that if your compromised EBT card has not already been replaced, it will be cancelled and replaced once you submit this form.

Change your Personal Identification Number (PIN) immediately. You can change your PIN in person at your local county office or by calling the California EBT Customer Service Helpline. A Customer Service Representative will cancel your card and give you a new one.

The California EBT Customer Service Helpline 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)

This is the only customer service phone number for EBT in California

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

- You had your EBT card with you when benefits were stolen from your EBT account.
- One of the following occurred:
  - Your card was skimmed by electronic equipment taking your information without your knowledge.
  - You were scammed into giving a third-party 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.
- You cancelled your EBT card and got a new card by going to your local county office or by calling the California EBT Customer Service Helpline.
- You completely fill out the EBT 2259 and give it to your county worker.

### EBT cash 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 physical EBT card has been lost or stolen.
- You gave your EBT card number and/or PIN to someone you know and your benefits were stolen by them.

### EBT food 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 physical EBT card has been lost or stolen.
- You gave your EBT card number and/or PIN to someone you know and your benefits were stolen by them.
- Your electronically stolen food benefits have already been reimbursed twice within the current Federal Fiscal Year (October 1 – September 30).

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

- Immediately report lost or stolen EBT cards to the California EBT Customer Service Helpline at 1-877-328-9677. Your card will be cancelled, and you will be provided with a new one.
- Electronic theft is a form of identity theft. Keep your EBT card Number and PIN safe!
- DO NOT share your EBT Card Number, PIN, Social Security Number (SSN), or Date of Birth (DOB). Do not trust text or phone calls that ask for this information. Any other phone number you are asked to call for EBT is likely a scam to steal your benefits. The State, County, and Federal government will NEVER ask for this information via text.
- If you have other EBT cardholders in your household remind them to keep their EBT cards and PINs safe. Someone who knows your card number, SSN, and your date of birth may be able to change your PIN.
- DO NOT shop at a store you believe may be stealing your personal 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.

**PIN Management Tips**

- Always cover the PIN pad when entering your PIN. Change your PIN regularly.
- If someone asks for your PIN, they are trying to steal your benefits. Do not give them your PIN!
- NEVER enter your PIN if you think someone is watching you. Someone could steal your EBT benefits if they know your EBT card number and PIN.
- NEVER tell your PIN to grocery store staff, farmers' market staff, or any cashier even if they ask for it.
- You can change your PIN anytime by calling California EBT Customer Service Helpline at 1-877-328-9677 or by going into your local county public assistance office.
- Avoid common PINs. Your PIN should not be 1234, 1111 or 0000. These PINs are easy for thieves to guess.

**Additional Information**

- Please report any suspicious EBT activity to the California Fraud Hotline at: 1-800-344-8477.
- To avoid EBT theft, you may be able to have your cash benefits directly deposited into your bank account. Contact your local county office for more information.
- 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 or local county public assistance office to get more information.

**RECIPIENT INFORMATION**

Last Name:	First Name:	Middle Initial:	Last 4 Digits of 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>Scamming:</b> Falsely convincing you to give your EBT personal information to someone else. <b>Skimming:</b> The use of electronic equipment to take your card information <u>without your knowledge.</u>	My food benefits were scammed <input type="checkbox"/>	My food benefits were skimmed <input type="checkbox"/>
	My cash benefits were scammed* <input type="checkbox"/>	My cash benefits were skimmed <input type="checkbox"/>
	*Please complete <a href="#">EBT 2259A</a> if your cash benefits were scammed	
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):
<b>If you were instructed to contact a suspicious phone number or go to a suspicious website, please provide that information below.</b>		
Phone number you were instructed to contact:	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 electronic theft transactions below. (Use additional pages if necessary)

Benefit Stolen (Cash or Food)	Transaction Date	Amount Stolen	Name of Location Where Theft(s) Occurred	Address of Location(s) of Theft

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

**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**

APPROVED: <input type="checkbox"/>	DENIED: <input type="checkbox"/>	CARD CANCELLED: Yes <input type="checkbox"/> No <input type="checkbox"/>	REASON FOR DENIAL: Requesting replacement SNB benefits <input type="checkbox"/> Requesting replacement TNB benefits <input type="checkbox"/>	
REFER FOR INVESTIGATION: <input type="checkbox"/>	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: [EBT2259@DSS.CA.GOV](mailto:EBT2259@DSS.CA.GOV). PLEASE BE SURE TO CHECK MARK APPROVED OR DENIED AND PROVIDE A CWD AUTHORIZING SIGNATURE BEFORE SUBMITTING. FAILURE TO DO SO MAY RESULT IN YOUR COUNTY NOT BEING REIMBURSED.**