pennsylvania
DEPARTMENT OF HUMAN SERVICES

Report of EBT Card Skimming or Fraud Affidavit

First Name	Middle Initial	Last Name	Case Record Number (Optional)

Address	City	State	Zip Code

Last Four Digits of EBT Card Number (Optional)	Home or Cell Number	Email Address (optional)

What date did you notice the benefits were stolen?	How much was stolen?

Please describe the theft as well as you can. Try to include the approximate time of day and where the theft or fraudulent charges occurred.

Was your EBT card also lost or stolen?	When did you last use your EBT card?	Where did you last use your EBT card?

Please provide any additional information you think may be important regarding the theft.

What phone number do you normally call from when checking your EBT balance?	Have you filed a police report?	If you have filed a police report, please provide the police report number, police department, and file date.

Note: Filing a police report and providing the police report information is not required and will not impact your eligibility for a reissuance of the stolen benefits. It may help prevent future occurrences.

To complete this form fully, please review and sign the sworn statement on the next page. ➡

Sworn Statement

I understand that reports of electronic benefit theft must be reported within 60 calendar days of the discovery of the theft.

I understand that replacement benefits due to theft cannot exceed the amount of two months of SNAP benefits or the amount of my actual reported loss, whichever is less.

I understand that I must sign and return this statement within 30 calendar days of the date I reported the theft to the Department of Human Services, or my benefits cannot be replaced.

I understand that no more than two claims for replacement of lost benefits due to theft can be paid within a federal fiscal year (October 1 through September 30).

I understand that only benefits stolen through skimming, card cloning, and similar electronic fraudulent methods from October 1, 2022, through September 30, 2024, are eligible for replacement.

I understand that I may be subject to penalties if I misrepresent the facts, including but not limited to a charge of perjury for a false claim.

I understand that I have the right to a Fair Hearing if I disagree with the decision to replace benefits made by the Department of Human Services.

SIGNATURE　　　　　　DATE

Once you have completed the form, you should submit it to your County Assistance Office (CAO). You can do this using COMPASS, either on your desktop or through the MyCOMPASS PA mobile app or by printing the form and mailing it or dropping it off in person at your local CAO.