



Claim for Replacement of Benefits Stolen Electronically

Give this form to DTA:

- Upload to DTA Connect
- Fax to 617-887-8765
- Mail to the DTA Document Processing Center: P.O. Box 4406, Taunton, MA 02780
- Scan at a local DTA office

Instructions

If your Supplemental Nutrition Assistance Program (SNAP), Transitional Aid to Families with Dependent Children (TAFDC), or Emergency Aid to the Elderly, Disabled and Children (EAEDC) benefits were stolen through skimming, phishing, or some other electronic method of theft, we may be able to replace your benefits. The most we can replace in TAFDC and EAEDC benefits is the amount that was stolen. The most we can replace in SNAP benefits is the amount that was stolen or two months of SNAP, whichever is less.

To submit a claim for replacement benefits:

- Report the loss of SNAP within 30 days of noticing the theft. You can do this by phone or in writing. If you also get cash benefits, call your case manager. If you only get SNAP, call us at 877-382-2363. You can mail or fax this form using the address or fax number in the box above. You can also upload this form using the DTA Connect App, or at DTACConnect.com.
- DTA must get a signed statement within 30 days after you report the theft of SNAP benefits. If you submit this completed form within 30 days of the theft, you do not need to sign a separate statement. If you report the theft over the phone with a worker, you can sign telephonically.
- DTA will attempt to confirm what happened. If DTA is able to verify that your benefits were stolen electronically, DTA will issue replacement benefits for the amount you're eligible for.
- Protect your benefits against theft by changing the PIN for your EBT card right away. If you do not change your PIN, and you are eligible for replacement benefits, DTA will reset the PIN for your EBT card before approval to protect your benefits. Call 800-997-2555 to change your PIN. In the future, change your PIN the day before you get your benefits. If you receive cash benefits you can have them sent to a checking or savings account through direct deposit. Contact your case manager if you have a bank account and want to set up direct deposit.



Department of Transitional Assistance

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Client's name

Client ID

Address

Phone Number

On ___/___/___, I noticed my benefits were stolen through skimming, phishing, or another electronic method of theft.
Date

Amount(s) Stolen:

Date(s) stolen benefits were used:

SNAP \$ _____

___/___/___
Date

TAFDC \$ _____

___/___/___
Date

EAEDC \$ _____

___/___/___
Date

Describe the theft (for example, where the stolen benefits were used or where you last used your card):

The information I gave is true to the best of my knowledge. I understand that making a false or misleading statement on this form on purpose could be a crime (perjury) or an Intentional Program Violation (IPV). A person found to have committed an IPV will be ineligible for SNAP for 1 year for the first IPV, 2 years for the second IPV, and permanently for the third IPV.

Client signature

___/___/___
Date

This institution is an equal opportunity provider.

We must not discriminate due to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you think that we have discriminated against you, contact 617-348-8555 to find out how to file a complaint.