



**Georgia Department of Human Services**  
Aging Services | Child Support Services | Family & Children Services

**Request for Replacement of Stolen  
Supplemental Nutrition Assistance Program (SNAP) Benefits**

If you need help reading or completing this document or need help communicating with us, call 1-877-423-4746. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).

This form must be used to request the replacement of SNAP benefits that were stolen through skimming, cloning, phishing, or other similar fraudulent methods.

**A: HOUSEHOLD INFORMATION**

Name		County
Case Number	Last 4 Digits of EBT Card	Date of Birth
Address (including house and apartment number)	City, State, Zip	Phone Number

**B: SNAP BENEFIT THEFT INFORMATION**

I, \_\_\_\_\_, am the head of household, adult household member, or authorized representative for the above-named case and wish to report the theft of SNAP benefits through cloning, skimming, phishing, or other similar fraudulent methods:

The date I discovered my SNAP benefits stolen is: \_\_\_\_\_

The amount of stolen SNAP benefits is \$ \_\_\_\_\_

I had my EBT card with me at the time my SNAP benefits were stolen: Yes  No

I reported my EBT card lost or stolen: Yes  No

***\*If you select "no," a card will be ordered for your household if replacement benefits are approved.***

I have selected a new PIN for my EBT card after my SNAP benefits were stolen: Yes  No

The new PIN I selected is not easily identifiable, such as 1111, 1234, etc.: Yes  No

Please provide the information below regarding EBT card transactions that you did not make:

Transaction Date	Transaction Amount	Retailer Name and Address

Please provide any additional information about the theft you feel is important for DHS to know:

### C: CERTIFICATION

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**CERTIFICATION: DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW.**

I understand and agree to the following:

- I must complete, sign, and submit this form to request the replacement of stolen SNAP benefits.
- The submission of this request does not guarantee that my SNAP benefits will be replaced.
- I have a right to a fair hearing to contest the denial or replacement issuance amount for my household. SNAP replacement benefits will not be issued while a fair hearing decision is pending.
- The information I provided in this request is true and accurate to the best of my knowledge.
- If I have knowingly or intentionally provided false or misleading information or misrepresented, concealed, or withheld facts associated with my request for replacement SNAP benefits, I may be subject to administrative, civil, or criminal penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if you would like your decision emailed to you electronically.

**Note: If you reported the theft of stolen benefits prior to October 18, 2023, you have until November 18, 2023, to submit this form to the Department. If the discovery of stolen benefits occurred after October 18, 2023, this form must be returned within 30 calendar days of discovery of the theft.**

**For faster processing, this completed and signed form may be submitted by emailing the form to [ga\\_snap\\_theft@dhs.ga.gov](mailto:ga_snap_theft@dhs.ga.gov). If you would like to mail or submit this form in person to the Department, it can be returned to your local DFCS office.**

### D: STATE OFFICE DETERMINATION

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**State Office Use Only**

**Replacement Approved?** Yes  No

**Replacement Amount(s):** \$ \_\_\_\_\_ **SNAP**

**Case note added to the eligibility system:** Yes  No

**Replacement Benefit Month:** \_\_\_\_\_

**HOH Client ID:** \_\_\_\_\_

**Comments:**



## **Notice of ADA/Section 504 Rights**

### **Help for People with Disabilities**

The Georgia Department of Human Services (“the Department”) is required by federal law\* to provide persons with disabilities an equal opportunity to participate in and qualify for the Department’s programs, services, or activities. This includes programs such as SNAP, TANF, and Medical Assistance.

The Department provides reasonable modifications when the modifications are necessary to avoid discrimination based on disability. For example, we may change policies, practices, or procedures to provide equal access. To ensure equally effective communication, we provide communication assistance, like sign language interpretation, to persons with disabilities or their companions with disabilities. Our help is free. The Department is not required to make any modification that would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens.

### **How to Request a Reasonable Modification or Communication Assistance**

Please contact your caseworker if you have a disability and need a reasonable modification, communication assistance, or extra help. For instance, call if you need an aid or service for effective communication, like a sign language interpreter. You may contact your caseworker or call DFCS at 1-877-423-4746 to make your request. You may also make your request using the DFCS ADA Reasonable Modification Request Form, which is available at your local DFCS office or online at [dfcs.georgia.gov/adasection-504-and-civil-rights](https://dfcs.georgia.gov/adasection-504-and-civil-rights), but you do not have to use a form to make a request.

### **How to File a Complaint**

You have the right to make a complaint if the Department has discriminated against you because of your disability. For example, you may file a discrimination complaint if you have asked for a reasonable modification or sign language interpreter and your request has been denied or not acted on within a reasonable time. You can make a complaint orally or in writing by contacting your caseworker, your local DFCS office, or the DFCS Civil Rights and ADA/Section 504 Coordinator at 47 Trinity Avenue, S.W., Atlanta, GA 30334, or 1-877-423-4746.

You can ask your case worker for a copy of the DFCS civil rights complaint form. The complaint form is also available at [dfcs.georgia.gov/adasection-504-and-civil-rights](https://dfcs.georgia.gov/adasection-504-and-civil-rights). If you need help making a discrimination complaint, you may contact any DFCS staff. Individuals who are deaf or hard of hearing or who may have speech disabilities may call 711 for an operator to connect with us.

You may also file a discrimination complaint with the appropriate federal agency. Contact information for the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) is within the “Nondiscrimination Statement.”

*\*Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; and the Americans with Disabilities Act Amendments Act of 2008 ensure persons with disabilities are free from unlawful discrimination.*

## **Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a complainant should complete Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [usda.gov/sites/default/files/documents/ad-3027.pdf](https://usda.gov/sites/default/files/documents/ad-3027.pdf), from any USDA office, by calling 833620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted in one of the following three ways:

- **Mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
- **Fax:**  
(833) 256-1665 or (202) 690-7442; or
- **Email:**  
[fnscivilrightscomplaints@usda.gov](mailto:fnscivilrightscomplaints@usda.gov)

This institution is an equal opportunity provider.

Under the Department of Human Services (DHS), you may also file other discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights, ADA/Section 504 Coordinator at Georgia Department of Human Services, Office of General Counsel, 47 Trinity Avenue S.W., Atlanta, GA 30334, or 1-877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the Limited English Proficiency and Sensory Impairment Program with DHS' Office of General Counsel, 47 Trinity Avenue S.W., Atlanta, GA 30334, or by calling 1-877-423-4746.

**Do not send applications to the USDA.**