


Replacement SNAP Process

What to do when an Oregonian reports SNAP Fraud loss or Food Loss.

Complete 0349D

1. On the top of the form fill in:
 - a. Date reported to ODHS
 - b. Case number
 - c. Case name

	Date reported to ODHS: <input type="text"/>
	Case number: <input type="text"/>
	Case name: <input type="text"/>

2. **Section A** – Complete this for **food loss**.

- a. If the Oregonian is unable to fill this section in at the time of reporting the loss, it can be pended for. *Do not delay getting their signature for them to complete this section.*

Section A: Report of Food Loss due to Household misfortune.
Use to report loss of food purchased with SNAP benefits due to household misfortune. Please list each food item separately. Include name, location of food when misfortune occurred, and amount paid).

Type of incident:	Date of incident:	
Name of each destroyed food item and quantity	Location of food at time of loss (Fridge, freezer, pantry, etc.)	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Section B: SNAP Fraud

Section B: Report of Electronic Benefit Theft.
Use to report SNAP benefits stolen electronically through fraudulent activities. Please include as much as you know regarding each separate incident.

Were you a victim of electronic benefit theft? Yes No 1

Did you have the EBT card in your possession at the time of theft? Yes No 2

Date(s) of incident(s): 3

Amount(s) stolen: 4

Additional information: 5

- a. #1 Were you a victim of electronic theft: mark Oregonians answer.
- b. #2 Did you have the EBT card in your possession: mark Oregonians answer.
- c. #3 Date of incident: Date Oregonian reports benefits were stolen
- d. #4 Amount stolen: what Oregonian reports
- e. #5 Additional information: Date Oregonian reports noticing stolen benefits.

4. Signing the form

- a. In Person: Have Oregonian sign the form
- b. Over the phone: Verbal Signature: Use this format when capturing a recorded verbal signature to upload to ONE. Record yourself saying the below and the client stating their full legal name. This recording will need to be uploaded to the ECF in ONE. Please case note how the signature was captured and actions taken.
 - i. **“You reported a list and cost of destroyed food items purchased with SNAP benefits. By providing your full legal name, you certify under penalty of perjury this information is true and accurate. Please state your full legal name if you agree.”**

By signing this form, I understand if I give false information, I can be prosecuted and will have to repay the replaced benefits.

Signature

Date