

Request to replace snap benefits due to a household misfortune or electronic benefit theft

You may be able to get some of your SNAP dollars added back to your EBT card if you make a timely request.

Did you experience:

1) A household misfortune? Examples include:

- Floods
- Fires
- Storms
- Equipment failure (refrigerator or freezer)
- Power outages affecting a single home
- Power outages affecting many counties

Please complete *“Section A: Report of Food Loss”* of the affidavit form, sign **and** return **within 10 days of the food spoilage or loss.**

2) Electronic benefit theft? Examples include:

- Card skimming
- Card cloning
- Scam emails, texts or phone calls
- Similar fraudulent activities

Please complete *“Section B: Report of Electronic Benefit Theft”* of the affidavit form, sign **and** return **within 30 days from the date you discovered the loss.**

If your card was compromised due to electronic card fraud please report your card as stolen so that any remaining benefits are protected from future theft. To cancel your card please go online to EBT edge (www.ebtedge.com) or call EBT edge at 1-888-997-4447.

Make your request to replace SNAP benefits over the phone, in person, by email or by mail:

Over the phone: 1-800-699-9075 or 711 (TTY)

In person (find a local office): Oregon.gov/dhs/Benefits/Pages/index.aspx

Email: Oregon.Benefits@odhsoha.oregon.gov

Mail (must be received by the due date): ONE Customer Service Center
PO Box 14015
Salem, OR 97309

Get this form in other formats: Call the ONE Customer Service Center at 1-800-699-9075 to get this letter in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. We also accept relay calls.





Date reported to ODHS: _____

Case number: _____

Case name: _____

Affidavit to Request Replacement of SNAP Benefits

(To request replacement of food loss due to household misfortune or for SNAP electronic benefit theft)

***Note for ODHS staff:** Please follow SNAP Replacement QRG to process these requests.

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 (fridge, freezer, pantry, etc.), and amount paid.

Type of incident: _____ Date of incident: _____

Name of each destroyed food item and quantity	Location of food at time of loss	Amount paid

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

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

Date of incidents: _____

Amount stolen: _____

Additional information: _____

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 _____

Non-discrimination statement

The Oregon Department of Human Services (ODHS) does not discriminate against anyone. This means that ODHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs¹, disability or sexual orientation.

You may file a complaint if you believe ODHS treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301

Email: GAO.info@odhs.oregon.gov

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 beliefs¹, 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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling 833-620-1071, 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 to:

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

This institution is an equal opportunity provider.

1 SNAP clients are protected against political belief discrimination.