



Office of Public Benefits Integrity
NOTICE OF STOLEN SNAP BENEFITS

FRAUDULENT USE OF AN EBT CARD STATEMENT OF LOSS NOTICE

You reported there are fraudulent transaction(s) on your Electronic Benefit Transfer (EBT) account due to cloning, skimming, or other similar fraudulent use of your card number.

In order for your stolen Supplemental Nutrition Assistance Program (SNAP) benefits to be considered for replacement, a report to the Department of Children and Families of the allegation must be received within **90 days** from the date the first fraudulent transaction occurred and the attached Affidavit of Fraudulent Use of an EBT Card must be completed. You are not required or expected to contact the retailer to report the fraudulent transactions. This does not apply to benefits stolen after September 30, 2024.

Please return the completed affidavit by email to HQW.EBTFraud@myflfamilies.com, by fax to (813) 558-5719, or by mail to P.O Box 1770, Ocala, FL, 34478.

The EBT Card associated with the stolen benefits will be canceled upon receipt of the completed affidavit and a new EBT card with your remaining balance will be mailed to you.

Once the completed signed affidavit is received, it will be assigned for review. The review will be completed within **10 business days** of receipt of the affidavit. Notification of the results of this review will be mailed to you. We do not initiate criminal investigations; however, someone may contact you during the review process if additional information is needed in reference to your claim.

If it is determined that fraudulent transaction(s) did occur, whichever is less of the total amount of the stolen benefits or the total of two months of SNAP benefits that were authorized for your household prior to the date of the fraudulent transaction will be reimbursed to your EBT card.

Did you know: You can safeguard your account by using the “Protect My Account” feature under “Account Services” located on the FIS EBT Cardholder Portal? You have the options to freeze your card and block out-of-state and/or on-line transactions as needed. These features can be turned on and off at any time.

The security of your account is our priority. If you have any questions or need assistance completing this Affidavit, please contact HQW.EBTFraud@myflfamilies.com.



AFFIDAVIT OF FRAUDULENT USE OF AN EBT CARD STATEMENT OF LOSS FORM

CARDHOLDER INFORMATION		
CARDHOLDER LAST NAME	CARDHOLDER FIRST NAME	PHONE NUMBER
CARDHOLDER ADDRESS, CITY, STATE, ZIP CODE		
LAST 4 DIGITS OF EBT CARD	WERE YOU THE VICTIM OF ELECTRONIC BENEFIT THEFT?	FLORIDA CASE NUMBER
TOTAL DOLLAR AMOUNT OF UNAUTHORIZED TRANSACTION(S)		

ALLEGED FRAUDULENT TRANSACTIONS		
TRANSACTION DATE	RETAILER(S) NAME AND ADDRESS WHERE STOLEN BENEFITS WERE USED	DOLLAR AMOUNT

The transaction(s) identified on this Affidavit were not authorized or signed by me or by anyone acting upon my authority or with my consent or knowledge. I have examined all the transactions reported above, and, in each instance, I did not originate the transaction nor authorize it. Neither I, nor any person(s) authorized to use my EBT Card, have received any benefit, directly or indirectly, from the unauthorized use of my EBT card.

I swear this affidavit is true and understand that making a false sworn statement and/or misrepresentation of theft constitutes an intentional program violation (IPV), as described in 7 CFR 273.16(c), which may subject the household to disqualification from participation in the SNAP Program and may be punishable by fines and/or imprisonment.

CARDHOLDER SIGNATURE

DATE