

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES (DSS) FOOD AND NUTRITION SERVICES (FNS)**

**AFFIDAVIT FOR REPLACING STOLEN ELECTRONIC BENEFITS**

If you discover benefits were stolen from your Electronic Benefits Transfer (EBT) card due to card skimming, cloning, and similar fraudulent methods, you must complete and sign this affidavit and return it to your local department of social services (DSS). You will automatically receive a new Electronic Benefits Transfer (EBT) card after this form is submitted to your local agency.

If you discovered your benefits were stolen between October 1, 2022, and August 28, 2023, you have until 30 calendar days after the discovery or receipt of the notification, to be considered timely report of electronic benefit theft. If you discover your benefits were stolen on August 28, 2023, or later, you must submit this signed affidavit within 30 calendar days of when you discovered benefits were stolen in order for your request for replacement benefits to be considered timely.

You can mail, fax, bring the affidavit in-person to your local agency or request your stolen benefits to be replaced by phone with a telephonic signature. The affidavit may also be accepted via email or a portal for uploading documents if your DSS agency has one, check with your local agency.

County: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Case Number: \_\_\_\_\_  
Date(s) electronic benefits were stolen: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify under penalty of perjury and/or fraud that my Food and Nutrition Services (FNS) benefits in the amount of \$\_\_\_\_\_ were stolen from my EBT card (through card skimming, card cloning, or similar fraudulent means) between the dates of October 1, 2022, through September 30, 2024. I understand if I am found guilty of an intentional program violation by giving false information I will:

- Not get Food and Nutrition Services for 12 months the first time I am found guilty;
- Not get Food and Nutrition Services for 24 months the second time found guilty; **and**
- Not get Food and Nutrition Services for the rest of my life the third time.

Note: It is NOT required to report your stolen FNS benefits to the local law enforcement agency and/or file a police report in order to request replacement benefits.

Please check the box(es) that best describes where you were and how FNS electronic benefits were stolen:

- Was your EBT card with you during the time your benefits were stolen?  
 Did you respond to a text message about a locked account?  
 Were you out of the state when your benefits were stolen?  
 Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (if signature is by "x" or other mark): \_\_\_\_\_

FOR AGENCY USE ONLY	
Check the appropriate box <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date Replacement Authorized: _____	Replacement Amount: \$ _____
Caseworker Signature: _____	Telephone Number: _____