

Getting Your Benefits Back on Your EBT card

▶ 1. Lost Food Due to Disaster or Household Misfortune

If food you bought with Supplemental Nutrition Assistance Program (SNAP) benefits was lost because of a disaster or household misfortune, fill out **Section A: Report of Food Lost Due to Disaster or Household Misfortune**. Examples of disasters or household misfortunes include:

- Floods
- Fires
- Storms
- Equipment failure (refrigerator or freezer breaking)
- Power outages (whether affecting just your home or many homes or counties)

You must report the loss within 10 days of the food spoilage or loss.

Complete **Section A: Report of Food Loss**, sign it, and return it within 10 days of reporting the loss.

▶ 2. Stolen Electronic Benefits Transfer (EBT) Benefits

If your EBT benefits were stolen through electronic theft, fill out **Section B: Report of Electronic Benefit Theft**. Examples of electronic theft include:

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

For your SNAP benefits only, the theft must have happened **on or before December 20, 2024**. Complete **Section B: Report of Electronic Benefit Theft**, sign it, and return it.

Report your card as stolen if it was compromised due to electronic card fraud. This can protect any remaining benefits from future theft. To cancel your card, go to EBT edge or call EBT edge at 1-888-997-4447.

You can request to replace EBT benefits over the phone, in person, by email, by mail or your ONE online portal:

Over the phone:

1-800-699-9075 or 711 (TTY)

In person: (find a local office):

[Oregon.gov](https://www.oregon.gov)

Email: Oregon.Benefits@odhsoha.oregon.gov

Mail: (must be received by the due date)

ONE Customer Service Center

PO Box 14015

Salem, OR 97309



You can get this form in other languages, large print, braille, or a format you prefer free of charge. Call the ONE Customer Service Center at 1-800-699-9075 We also accept relay calls.

Affidavit to Request Replacement of EBT Benefits

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

Your information

Full name (last, first, middle initial): _____	
Address: _____	City: _____
State: _____ Zip: _____	Phone number: _____
Date of birth: _____	Email: _____

Section A: Report of food loss due to household misfortune

Type of incident:

Flood

Fire

Storm

Power outage: Company: _____

Equipment failure (refrigerator or freezer)

Other: _____

Date of incident: _____ Total dollar amount of food lost: \$ _____

Additional information:

By signing this form, I agree the information given is true to the best of my knowledge. I understand false or misleading information can be a crime or result in an Intentional Program Violation (IPV) and will have to repay the replaced benefits.

Signature

Date

Section B: Report of electronic benefit theft through fraudulent activity

Please include as much as you know regarding each separate incident.

Were you a victim of electronic benefit theft? Yes No

Which benefit type was stolen?

Temporary Assistance for Needy Families (TANF)
(must be reported within 30 days of the theft)

SNAP (must be reported within 30 days of discovery)

For SNAP, the theft must have taken place on or before December 20, 2024.

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 agree the information given is true to the best of my knowledge. I understand false or misleading information can be a crime or result in an Intentional Program Violation (IPV) and will have to repay the replaced benefits.

Signature

Date

If you were a victim of electronic theft, your card is at risk of future theft. To cancel your card, please go online to EBT edge (www.ebtedge.com) or call EBT edge at 1-888-997-4447. For tips on ways you can protect your EBT card and benefits, please visit <https://www.oregon.gov/odhs/food/pages/snap-replacement.aspx> or scan the QR code below.



You can get this form in other languages, large print, braille, or a format you prefer free of charge. Call the ONE Customer Service Center at 1-800-699-9075 We also accept relay calls.

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 individuals are protected against political belief discrimination.