

## MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION ELECTRONICALLY STOLEN BENEFIT REPLACEMENT REQUEST



Identification:					
NAME			LAST 4 DIGITS O SOCIAL SECURIT NUMBER		DCN
PHYSICAL/MAILING ADDRESS		PHONE NUMBE	R	DATE OF BIRTH	
Details of Electronically Stolen Benefits:					
Date Discovered Loss: I have had my EBT card with me at all times: Yes No					
Type of Theft:					
<ul> <li>Skimming / Cloning: Skimming occurs when devices illegally installed on ATMs and point-of-sale (POS) terminals record card numbers and PIN. Card cloning occurs when criminals use the data captured by skimming or other means to create fake EBT cards. It is the process criminals use to copy an EBT card number without stealing the physical card itself.</li> </ul>					
Phishing/Other Similar Electronic Fraudulent Methods: Occurs when participants receive phone calls, emails or text messages from people trying to mimic state agency messaging to scam households into releasing their EBT card data.					
Total Dollar Amount of Los	Total Dollar Amount of Loss: Date and Location I last used my EBT card:				
in your possession and y	our PIN was secur	е.	-		permission while the card was
FSD cannot consider you	ur report if it has be	en more than 30 days s	since you disco	overed the theft.	
	r similar information.	FSD encourages you to	provide any add	itional information	, retailer data, identified to validate your loss such as: ort, even if you do not have any
Please list fraudulent transaction information below: (additional pages may be attached, if needed)					
Please list fraudulent tra	nsaction information	on below: (additional pa	iges may be att	ached, if needed)	
Date(s)/Time	Amount	on below: (additional pa Name of Store/ATM	iges may be att	ached, if needed) City and State	
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NOTE: Please do not send any application materials to the address below. The address below is for civil rights complaints only.

You can return your application to any FSD office, by upload, or by fax.

- Uploading your application: Visit mydssupload.mo.gov to upload a copy of your completed application.
- Fax: 573-526-9400

## **USDA Nondiscrimination Statement**

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 beliefs, 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, audiotape, 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: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, 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
- 2. fax:
- (833) 256-1665 or (202) 690-7442; or
- 3. email: <u>FNSCIVILRIGHTSCOMPLAINTS@usda.gov</u>

This institution is an equal opportunity provider.