

REPLACEMENT REQUEST FOR STOLEN FOODSHARE BENEFITS

Purpose: FoodShare members must use this form to request the replacement of FoodShare benefits that were compromised due to fraud.

Instructions: You are getting this form because you have reported or confirmed that your FoodShare benefits have been compromised. This form is used to determine if you are eligible for replacement FoodShare benefits. The completed form must be submitted to the Department of Health Services (DHS) Office of Inspector General (OIG) within 10 calendar days using one of the options below:



Online

Scan all pages of the form and e-mail to the OIG at DHSOIGFSReplace@dhs.wisconsin.gov.



Fax

Fax all pages of the form to 608-267-3380.



Mail

Mail the form to:
1 W. Wilson Street
P.O. Box 309
Madison, WI 53701



In Person

Take the form and proof to your local agency who will help send the information to the OIG. Your agency contact information is on the DHS website at www.dhs.wisconsin.gov/forwardhealth/imagency.

If you need assistance completing this form, contact your local agency or the OIG at 608-266-2521 or DHSOIGFSReplace@dhs.wisconsin.gov.

MEMBER CONTACT INFORMATION

Name - Member (Last, First, MI)		Date of Birth		Case Number	
Address		City		State	ZIP Code
Phone Number		Email Address			

DETAILS ABOUT COMPROMISED BENEFITS

On what date did you originally find out that your benefits were compromised? This may be the date you tried to purchase food and your benefits were not available, or the date your local agency or OIG contacted you.

On what dates were your benefits compromised?

List every date a transaction was made using your benefits without your knowledge and consent, the amount of each transaction, and where the spending occurred if known (Format MM/DD/YYYY, \$Amount).

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

What is the total amount of your compromised benefits?
This is the total of all of the transactions listed above.
\$

Was your card lost or stolen? (Yes or No)

Use the blank space below to explain how and when benefits were compromised. Share information on where you were when the compromise occurred. Please use the back of this form if you need more space.

Replacement Benefits Program Information

Wisconsin FoodShare will replace benefits for all eligible members who have had their benefits compromised due to fraudulent activity such as skimming, phishing, and theft and submitted adequate proof of the compromise. The replacement amount is the lessor of the total amount of benefits stolen, or the amount equal to two months of the household’s calculated monthly allotment for the date immediately prior to the date in which the theft occurred. Each household is eligible for benefits replacement up to two times per Federal Fiscal Year.

If your request is approved, you will receive a letter from the OIG verifying the fraud, the dollar amount of benefits to be replaced, and when your additional FoodShare benefits will be available to you. If your request is denied, the OIG will mail you a letter explaining the reason for denial, your rights, and how to file an appeal.

NOTE: Your current FoodShare benefits will not be changed if your replacement request is denied.

FoodShare Fraud/Intentional Program Violation (IPV)

If it is found that you were involved in the fraud, you intentionally gave false information or intentionally withheld information on this form, you may be denied benefits, required to repay benefits, and/or be subject to criminal prosecution for knowingly providing false information. If a FoodShare IPV is filed against your household, the information for your case, including all Social Security numbers, may be referred to federal and state agencies, as well as private claims and collection agencies, for claims collection action.

Fraud or IPV’s may result in your disqualification from FoodShare. This means you will not be able to get FoodShare benefits:

- For one year after the first violation.
- For two years after the second violation.
- Permanently for the third violation.

NOTE: This list is not exhaustive of all potential IPV penalty periods.

Depending upon the value of intentionally misused benefits, you also may be:

- Fined up to \$250,000 and/or imprisoned up to 20 years.
- Disqualified from the FoodShare program for an additional 18 months under court authority.
- Permanently barred if convicted of trafficking benefits of \$500 or more.
- Unable to receive benefits for 10 years if you are found to have intentionally made a false statement about your identity and where you live in order to receive multiple benefits at the same time.

I understand the questions and statements on this request form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge. I understand and agree to provide proof of the answers I provided. I understand that the OIG may contact other people or organizations to obtain the necessary proof of my eligibility and level of benefits.

MEMBER SIGNATURE

Date Signed

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following 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: <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:

1. **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:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

02/15/2023