ATTESTATION OF LOSS AND REQUEST FOR
REPLACEMENT 3SQUARESVT BENEFITS

Name of Head of Household: _____

Last four digits of Social Security Number: _____

Complete this side of the form if you are requesting a benefit replacement for a household misfortune: examples include structure fire, power outage, natural disaster, or appliance failure. Complete page two of this form if you are requesting a benefit replacement due to stolen benefits, card skimming, or similar reason.

I, _____ attest that I am a member of the household, or an authorized representative, and wish to request replacement 3SquaresVT benefits in the amount of $_____ to cover the cost of food lost or destroyed due to the following household misfortune that occurred on _____, 20_____.

Describe the household misfortune:

_____

_____

Verification of the loss is required before any benefits can be replaced. Please provide contact information for someone that is not a member of your household who can verify your loss. Acceptable contacts may include, but are not limited to, employers, landlords, power companies, neighbors, friends, the Red Cross, and the fire department.

Name of Contact:
Street Address:
Phone:

PLEASE READ THE STATEMENTS BELOW BEFORE SIGNING
THIS FORM YOUR SIGNATURE IS YOUR ATTESTATION OF LOSS

I understand that I must report the misfortune and ask for replacement benefits within 10 days of household misfortune.

I understand that I must sign and return this statement within 10 days of the date I reported the misfortune to the Economic Services Division, or my benefits cannot be replaced.

I understand that replacement benefits cannot exceed the amount of my actual reported loss or the amount of 3SquaresVT I received in the month in which the misfortune occurred, whichever is less.

I understand that I will be subject to penalties if I misrepresent the facts including but not limited to a charge of perjury for a false claim.

Customer Signature: _____ Date: _____

Complete this side of the form for loss due to theft, card skimming, or similar situation.

Head Of Household:
Last four digits of Social Security Number:
Street Address:
Phone:
Date of Discovery of Theft:
Transaction Number/Retailer Name/Retailer Address *(if available)***:**

I, _____ attest that I am a member of the household, or an authorized representative, and wish to request replacement 3SquaresVT benefits in the amount of $_____ to cover the cost of benefits lost due to theft that occurred from:

_____,20_____ through _____,20_____.

Describe the loss or theft of benefits (be as specific as possible):

_____

_____

_____

Verification of the loss is required before any benefits can be replaced. Economic Services will validate claims of benefit theft though EBT processor data, statements from customers, retailer data, identified skimming devices**,** or other similar information.

PLEASE READ THE STATEMENTS BELOW BEFORE SIGNING
THIS FORM YOUR SIGNATURE IS YOUR ATTESTATION OF LOSS

I understand that reports of electronic benefit theft must be reported within 30 days of the discovery of the theft.

I understand that replacement benefits due to theft cannot exceed the amount two months of 3SquaresVT benefits or the amount of my actual reported loss, whichever is less.

I understand that I must sign and return this statement within 10 days of the date I reported the household theft to the Economic Services Division, or my benefits cannot be replaced.

I understand that benefits lost due to theft cannot be replaced more than two times in a federal fiscal year.

I understand that benefits replacements for theft can only be claimed for thefts that occurred between **10/1/2022** through **9/30/2024**.

I understand that I have 30 days from _____ to request retroactive replacement claims from 10/1/2022 – _____.

I understand that I will be subject to penalties if I misrepresent the facts including but not limited to a charge of perjury for a false claim.

I understand that I have the right to a Fair Hearing if I disagree with the decision to replace benefits made by Economic Services.

Customer Signature:_____ Date:_____