

# Request to replace snap benefits due to a household misfortune or electronic benefit theft

**You may be able to get some of your SNAP dollars added back to your EBT card if you make a timely request.**

**Did you experience:**

**1) A household misfortune?** Examples include:

- Floods
- Fires
- Storms
- Equipment failure (refrigerator or freezer)
- Power outages affecting a single home
- Power outages affecting many counties

Please complete *“Section A: Report of Food Loss”* of the affidavit form, sign **and** return **within 10 days of the food spoilage or loss.**

**2) Electronic benefit theft?** Examples include:

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

Please complete *“Section B: Report of Electronic Benefit Theft”* of the affidavit form, sign **and** return **within 30 days from the date you discovered the loss.**

If your card was compromised due to electronic card fraud please report your card as stolen so that any remaining benefits are protected from future theft. To cancel your card please go online to EBT edge ([www.ebtedge.com](http://www.ebtedge.com)) or call EBT edge at 1-888-997-4447.

**Make your request to replace SNAP benefits over the phone, in person, by email or by mail:**

**Over the phone:** 1-800-699-9075 or 711 (TTY)

**In person** (find a local office): [Oregon.gov/dhs/Benefits/Pages/index.aspx](http://Oregon.gov/dhs/Benefits/Pages/index.aspx)

**Email:** [Oregon.Benefits@odhsoha.oregon.gov](mailto:Oregon.Benefits@odhsoha.oregon.gov)

**Mail** (must be received by the due date): ONE Customer Service Center  
PO Box 14015  
Salem, OR 97309

**Get this form in other formats:** Call the ONE Customer Service Center at 1-800-699-9075 to get this letter in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. 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 beliefs<sup>1</sup>, 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](mailto: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 beliefs<sup>1</sup>, 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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

**This institution is an equal opportunity provider.**

1 SNAP clients are protected against political belief discrimination.