Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*

Department of

Health and Human Services

Division of Welfare and Supportive Services

*Helping people. It’s who we are and what we do.*

Robert Thompson

*Administrator*

**CLAIM NOTICE OF DECISION – SNAP EBT STOLEN BENEFITS**

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text. **Case ID**/**UPI:** Click or tap here to enter text.

# [ ]  CLAIM APPROVED

|  |  |
| --- | --- |
| Date Range Benefits Were Stolen | Click or tap here to enter text. |
| Total Amount of Reported Stolen Benefits | $Click or tap here to enter text. |
| Amount Approved to be Replaced to EBT Card | $Click or tap here to enter text. |

Please note authorized replacement criteria allows replacement of the lesser of either the amount of benefits stolen or the amount equal to two (2) monthly allotments immediately prior to the first date of stolen benefits.

# [ ]  CLAIM DENIED

Your claim was denied for the reason(s) listed below:

[ ]  The claim form was incomplete.

[ ]  The claim form was not submitted within the timely reporting period outlined in the state plan.

[ ]  The reported theft occurred prior to October 1, 2022, or after September 30, 2024.

[ ]  The Division of Welfare and Supportive Services could not validate stolen benefits because of skimming, cloning or other similar fraudulent methods.

[ ]  The household has received the maximum allotment for reimbursement, which consists of no more than two (2) approved claims in the Federal Fiscal Year.

[ ]  There is insufficient evidence to support the claim.

**\*\*\*\*\* *HEARING REQUEST* \*\*\*\*\***

If you disagree with the denial or amount of replacement benefits issued, you may request a hearing within ninety (90) days of the date on this notice. You must request a hearing in writing, in person or by phone. You may request copies of all records related to your claim submission.

[ ]  I request a hearing on this decision.

|  |  |  |  |
| --- | --- | --- | --- |
| I will be represented by: | [ ]  Myself | [ ]  My Attorney | [ ]  Other Person |
| Customer’s Signature |  | Date | Contact Phone Number |

Where can I get help with my hearing? If you need legal counsel and cannot afford it, these agencies may be able to help:

Washoe County:

* Nevada Legal Services 1-800-323-8666
* Washoe County Senior Law Project (775) 328-2592

Clark County:

* Nevada Legal Services (702) 386-0404, toll free 1 (866) 432-0404

Rural counties:

* Nevada Legal Services Carson City: (775) 883-0404, toll free: 1-800-323-8666