

Department of Social and Health Services

Olympia, Washington

EAZ Manual

Revision #	696
Category	Benefit Issuances-Replacement
Issued	November 10, 2009
Revision Author:	Don Winslow
Division	CSD
Mail Stop	45470
Phone	360-725-4580
Email	winsldg@dshs.wa.gov

Summary

This rule change removes the requirement for clients to provide a signed affidavit when requesting replacement of benefits. The current rule requires a signed affidavit from clients who report that their benefits were lost or destroyed in a disaster in order for the benefits to be replaced. For Basic Food benefits, the Code of Federal Regulations imposes no such requirement on the states. Furthermore, the current process can be time-consuming and frustrating for clients. We are streamlining and expediting the benefits replacement process for clients.

Effective November 15, 2009

WAC 388-412-0040 Can I get my benefits replaced?

Under certain conditions, we may replace your benefits.

1. You may get your EBT benefits replaced if:
 - a. We make a mistake that causes you to lose benefits;
 - b. Both your EBT card and personal identification number (PIN) are stolen from the mail; you never had the ability to use the benefits; and you lost benefits;

- c. You left a drug or alcohol treatment on or before the fifteenth of the month and the facility does not have enough Basic Food benefits in their EBT account for one-half of the allotment that they owe you;
- d. Your EBT benefits that were recently deposited into an inactive EBT account were canceled by mistake along with your state benefits; or
- e. Your food that was purchased with Basic Food benefits was destroyed in a disaster.

2. If you want a replacement, you must:

- a. Report the loss to your local office within ten days from the date of the loss; and
- b. Sign a department affidavit form stating you had a loss of benefits.

WAC 388-412-0040 Can I get my benefits replaced?

Under certain conditions, we may replace your benefits.

1. You may get your EBT benefits replaced if:

- a. We make a mistake that causes you to lose benefits;
- b. Both your EBT card and personal identification number (PIN) are stolen from the mail; you never had the ability to use the benefits; and you lost benefits;
- c. You left a drug or alcohol treatment on or before the fifteenth of the month and the facility does not have enough Basic Food benefits in their EBT account for one-half of the allotment that they owe you;
- d. Your EBT benefits that were recently deposited into an inactive EBT account were canceled by mistake along with your state benefits; or
- e. Your food that was purchased with Basic Food benefits was destroyed in a disaster.

~~2.~~ 2. If you want a replacement, you must:

~~a.~~ R report the loss to your local office within ten days from the date of the loss; ~~and~~

~~b.f.~~ Sign a department affidavit form stating you had a loss of benefits.

3. For Basic Food assistance, we replace the loss up to a one-month benefit amount.

4. We will not replace your benefits if your loss is for a reason other than those listed in subsection (1) above or:

- a. We decided that your request is fraudulent;
- b. Your Basic Food benefits were lost, stolen or misplaced after you received

them;

- c. You already got two countable replacements of Basic Food benefits within the last five months; or
 - d. You got disaster food stamp benefits for the same month you requested a replacement for Basic Food.
5. Your replacement does not count if:
- a. Your benefits are returned to us; or
 - b. We replaced your benefits because we made an error.

This is a reprint of the official rule as published by the [Office of the Code Reviser](#). If there are previous versions of this rule, they can be found using the [Legislative Search page](#).

6.