State of California – Health and Human Services Agency   California Department of Social Services

EBT SCAMMING ACKNOWLEDGEMENT

I have been scammed into giving out my EBT card number and personal identification number (PIN) to someone else who then stole benefits from my account.

I know now that no one from the state, customer service or EBT vendor will ask me for my PIN.

I know to keep my Personally Identifiable Information (PII) private, to reduce identity theft.

PERSONALLY IDENTIFIABLE INFORMATION (PII):

- Name
- Birthdate
- Driver's license number

- EBT card number
- Social Security Number
- All bank ATM or credit card numbers and PINs

- PIN
- Street Address
- Mother's maiden name

My County Welfare Department, the State of California and the Federal Government will **NEVER** call or text me requesting my personal information listed above.

When I call the county or the EBT client customer service call center at 1-877-328-9677, TTY (Telecommunication Relay Service for Hearing/Speech Impaired) 1-800-735-2929 I may be asked my personal information to verify who I am. HOWEVER, they will **never** ask for my PIN.

There is only **one** EBT client website for California at https:/www.ebt.ca.gov that requires my card number. The EBT client website will **never** ask for my PIN.

If a website, phone call, text, or app requires me to enter my PIN, I understand that it could lead to my benefits being stolen.

- I am to keep my PIN secret at all times.
- I am to choose a harder PIN and not something easy like 1234 or 1111.
- To prevent identity theft, I will keep all my personal information secret, unless I have called EBT customer service at the phone number listed above.
- I will keep my PIN separate from my EBT card.

I know that I can only be reimbursed for an electronic theft scam one time in a 36-month period for cash benefits and twice in a 6-month period for food benefits.

I know that any delay in the submission of this form may cause a delay in the processing of my replacement.

Signature	Date

COUNTY USE ONLY

Approved: ☐		Denied: ☐	
Case Name:	County:	SUID Number:	Date:
County Worker Name:	Worker Phone Number:	Worker Email:	