



REPORT OF ELECTRONIC THEFT OF ALASKA TEMPORARY ASSISTANCE PROGRAM (ATAP) BENEFITS (EBT)

Instructions: Fill out this form completely and return it to any Division of Public Assistance (DPA) office. Any delays in the completion and/or submission of this form may cause a delay or denial of your ATAP benefit replacement.

INSTRUCTIONS FOR RECEIVING A REPLACEMENT OF ELECTRONICALLY STOLEN BENEFITS

If you think you are a victim of electronic theft of your ATAP benefits from your EBT card, you must cancel your Alaska QUEST Card (EBT) card and get a new card issued. We recommend you change your Personal Identification Number (PIN) immediately.

You can cancel your EBT card and get a new one in any of the following ways:

- In person at your local DPA office
- Call the Virtual Contact Center (VCC) at 1-800-478-7778.
- Call the Alaska QUEST (EBT) Customer Service number. A Customer Service Representative will cancel your card and issue you a new one.
 - The Alaska QUEST Card (EBT) Customer Service is open 24 hours a day, 7 days a week: 1-888-997-8111
 - **TTY: 1-800-770-8973 Alaska Relay then dial 888-997-8111**
- Contact the DPA Benefit Issuance and Recovery Unit (BIRU) at (907) 465-3361 or toll free at 1-855-255-3361 or email at hss.dpa.jnu.claims@alaska.gov.

You may get your Alaska QUEST (EBT) ATAP benefits replaced if:

- You had your Alaska QUEST card with you when benefits were stolen from your EBT account.
- You completely fill out the GEN 172 and give it to a DPA employee.
- Your card was skimmed by electronic equipment taking your information without your knowledge.
- You were scammed into giving a third-party your Alaska QUEST (EBT) card number and personal identification number (PIN) to an unauthorized 3rd party that you believed to be the contracted EBT vendor, an approved retailer, or a government entity.

Alaska QUEST (EBT) ATAP benefits cannot be replaced if:

- You do not turn in a completed GEN 172 within 90 calendar days from the date of the electronic theft transaction.
- Your physical Alaska QUEST (EBT) card has been lost or stolen.
- You gave your Alaska QUEST (EBT) card number and/or PIN to someone you know, and your benefits were stolen by them.
- Electronic stolen benefits that occurred before July 1, 2024.
- There is insufficient evidence to support your stolen benefit claim.

RECIPIENT INFORMATION

Last Name:	First Name:	Middle Initial:	EBT Card Number:	
Address (Street or P.O. Box):		City:	State:	Zip:
Phone Number:		Email Address:		
Please check one: <ul style="list-style-type: none"> <input type="radio"/> I canceled my card and reset my PIN. <input type="radio"/> I have not canceled my card. 		BIRU USE ONLY Cancellation of card verified: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No Signature of BIRU staff:		

INCIDENT INFORMATION

Date of Discovery of Theft:
Transaction Number/Retailer Name/Retailer Address (if available):
Describe the loss or theft of benefits (be as specific as possible):

Verification of stolen Alaska QUEST benefits is required before replacement may be issued. DPA will validate claims of benefits theft through EBT processor data, statements from recipients, retailer data, identified skimming devices, or other similar information.

BY SIGNING THE REPORT OF ELECTRONIC THEFT OF ATAP BENEFITS, YOU ARE AGREEING TO THE FOLLOWING:

- I understand that I must submit a completed GEN 172 within 90 calendar days from the date of the electronic theft transaction.
- I understand that the replacement of benefits due to theft cannot exceed the amount two months of Alaska ATAP benefits or the amount of my actual reported loss, whichever is less.
- I understand that benefit replacements for theft can only be claims for thefts that occurred on or after July 1, 2024.
- I understand that I have the right to a Fair Hearing if I disagree with the decision to replace benefits made by the Division of Public Assistance.

I declare under penalty of perjury under the laws of the United States of America and the State of Alaska that the information I have given on this form is true, correct, and complete to the best of my knowledge. I understand that if I knowingly give wrong information or leave out information that I know to be true and I get benefits that I am not eligible for, I will be responsible for repayment, I can be disqualified from getting benefits, I can be fined and I can be charged with a crime.

Signature of Recipient:	Date:
Signature of Cardholder (If Different from Recipient):	Date:

BIRU USE ONLY

APPROVED:	DENIED:	REASON FOR DENIAL:	
BIRU Worker Name (Please Print):	BIRU Worker Phone Number:	BIRU Worker Signature:	
BIRU Authorizing Signature (Supervisor or Above):		BIRU Authorizing Name (Please Print):	
Title of BIRU Authorizing:		BIRU Authorizing Phone Number:	