



REPORT OF ELECTRONIC THEFT OF ILLINOIS LINK BENEFITS

Instructions to Report Electronic Theft of Benefits

- If you think you are a victim of electronic theft of your Illinois Link benefits, you should replace your Link card and change your PIN by calling 1-800-678-Link (5465) or 1-877-765-3459 (TTY) or visit <http://link.illinois.gov>. You may report the theft through one of the following ways:
- By phone 1-800-843-6154 Monday through Friday 8:30 am to 5:00 pm CST; or
- Online at www.link.illinois.gov EBT Theft Claim; or
- Mail the completed Form IL444-4986 to your local Family Community Resource Center (FCRC); or
- Go to your local FCRC to report the theft. At the FCRC, you will complete Form IL444-4986, cancel your Link card and get a new card.

You May Get Your Illinois Link Benefits Replaced If:

- You had your Illinois Link card with you when your benefits were stolen from your Link account.
- You replaced your Illinois Link card by going to your local FCRC, using ebtEDGE or by calling the Illinois Link Helpline.
- You request a benefit replacement by completing Form IL444-4986 and submitting by mail, online, over the phone or in-person at your FCRC.
- You are a victim of skimming, cloning, phishing, or similar type of theft where you maintained possession of your Link card and an unauthorized transaction occurred.
- You report the theft of your benefits within 30 calendar days of discovery of the unauthorized transaction. * For theft that occurred prior to 07/03/2023, you have 12 months to report the theft of your benefits.
- You have not had benefits replaced due to theft more than two times during the 12 consecutive month period that begins October and ends September of the following year.
- Benefits cannot be replaced if the theft occurred outside of the time-line 10/01/2022 - 09/30/2024.

Please Note: Not all Illinois Link Benefits are eligible for replacement at this time.



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Electronic Benefit Transfer Important Information

- Electronic theft is a form of identity theft. Keep your Link card number and PIN safe. Immediately report lost, skimmed, scammed or stolen Link cards to Illinois Link Helpline at 1-800-678-LINK (5465) or visit www.link.illinois.gov to manage your account online. Your card will be canceled, and you will be provided with a new one.
- Someone could steal your benefits if they know your Link card number and PIN. Always cover the PIN pad when entering your PIN. Never enter your PIN if you think someone is watching you.
- Change your PIN regularly. You can change your PIN anytime by calling the Illinois Link Helpline, on ebtEDGE or by going to your local FCRC. Don't use a commonly-used combination for your PIN, like repeating numbers (1111), or consecutive numbers (1234).
- Beware of Phishing Scams. Phishing is a cybercrime in which scammers try to lure sensitive information or data from you, by disguising themselves as IDHS or ebtEDGE. The Illinois Department of Human Service (IDHS) or any other State, County and Federal government will never ask for PIN via text, phone or email.
- Never tell your PIN to grocery store staff, farmer's market staff, or any cashier even if they ask for it. Do not shop at a store you believe may be stealing your personal information or benefits.
- Do not use your Illinois Link card at an ATM or point of sale device that looks like it has been damaged or tampered with.
- You may be able to have your cash benefits directly deposited into your bank account to avoid theft of your cash benefits on the Link card.
- If you need help with using your Link card you may want to have someone you can trust, be your authorized representative. Contact your local FCRC to get more information.



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RECIPIENT INFORMATION: (Required)

Last Name:		First Name:		Middle Initial:	Full Link Card Number or Case I.D.
Address: (Street or P.O. Box)			City:	State:	Zip Code:
Phone Number:			Email Address:		

INCIDENT INFORMATION: (Required)

Please check below.		
<p>I am a victim of an electronic theft.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is an Electronic Theft?</p> <p>Skimming - the use of electronic equipment to take your benefits without your knowledge.</p> <p>Scamming is falsely convincing you to give your Link card/PIN and/or personal information to someone else who stole your benefits without having the physical Link card.</p>	<p>I had my Illinois Link card with me at all times.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I used my Illinois Link Card on:</p> <p>Date: _____</p> <p>At (location): _____</p> <p>_____</p>

THEFT BENEFIT TYPE AND TRANSACTIONS (Required). Check only one benefit type (SNAP or Cash) per row.

CHECK COLUMN IF SNAP	CHECK COLUMN IF CASH	ENTER DATE OF TRANSACTION	ENTER AMOUNT OF TRANSACTION	ENTER NAME OF LOCATION WHERE TRANSACTION OCCURRED
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
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ADDITIONAL INFORMATION:

You may report additional information in this section. Additional information or a police report is not required but may be helpful in processing your claim:

I filed a police report on

Date Report Filed:

Report Number:

I did not file a police report.

Reason for not filing a report:

If you received a text message instructing you to call a number or visit a website, please provide additional information below:

If a text message, number you were instructed to call:

Website you were instructed to visit:

YOUR SIGNATURE AND DECLARATION OF TRUTH IS REQUIRED TO PROCESS THIS CLAIM

I attest that the information I have stated and provided in this form are true and accurate. By signing below, I declare under penalty of perjury under the laws of the United States of America and the State of Illinois 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 receive replacement benefits that I am not eligible for, I will be responsible for repayment, I can be disqualified from receiving future benefits, I can be fined and I can be charged with a crime.

SIGN BELOW:

Signature of Recipient:

Date

OR

Signature of Approved Representative

Date