

IM/Tribal Agency Replacement FoodShare Process

If IM/Tribal agencies receive a request for replacement benefits from a member who **only** received Summer EBT benefits and does not also receive FoodShare, workers must:

1. Advise the member that they must contact the S-EBT Team to report their loss and provide them with the S-EBT Team contact information.
 - a. Phone: 833-431-2224
 - b. Email dhssebtsupport@wi.gov.
2. Let the member know that form F-00330 will be requested by the S-EBT Team and that the member can find this form on the DHS website, dhs.wisconsin.gov.

When an agency receives a request for replacement benefits for a household that receives FoodShare benefits, including cases that receive **both** FoodShare and Summer EBT benefits, workers must follow the process below.

Households may report a loss for one of the following reasons:

- FoodShare benefits were stolen from their account through third party theft, or
- Food purchased with their EBT card was destroyed due to household misfortune or a natural disaster.

1. Was the reported loss due to third party theft?
 - a. If yes, workers must advise members they may access the [Replacement Request for Stolen FoodShare Benefits form](#) (F-03193) online and email it to Office of the Inspector General at DHSOIGAdmin@dhs.wisconsin.gov. If this is not possible, workers must provide members with assistance in contacting OIG and/or completing the form.
 - b. If no (and the reported loss was due to household misfortune or natural disaster), go to Step 2.
2. Did the household report the loss either verbally or in writing within 10 days of the loss occurring? (Note: If a member turns in a completed form F-00330 as their way of reporting the loss in writing, a separate verbal report is not required)
 - a. If yes, go to step 3.
 - b. If no, stop. The household is not eligible for replacement FoodShare. Workers must send a Notice of Denial ([F-16001](#)) to explain the reason for the denial.
 - i. Workers must check if the household received Summer EBT between June 22 of the current year and the date of the loss. "[Checking for Summer EBT Issuance](#)".
 - ii. If household received Summer EBT between June 22 of the current year and the date of the loss, workers must refer the case to the S-EBT Team using the process outlined in "[Referral to S-EBT Team](#)".
3. Was the household eligible for FoodShare in the month of the misfortune/natural disaster or the month prior to the misfortune/natural disaster?
 - a. If yes, go to step 4.
 - b. If no, stop. The household is not eligible for replacement FoodShare. Workers must send a Notice of Denial ([F-16001](#)) to explain the reason for the denial.

Benefit Issuance History page to determine if the food unit was receiving benefits prior to or at the time of the misfortune and the maximum amount that can be replaced.

Example 1	Steve and his child received a monthly FoodShare benefit of \$265 on July 14. Due to a change in circumstances, Steve's August benefit amount – set to be issued on August 14 – is increasing to \$355. On August 3, Steve calls and reports that his electricity was shut off on July 28. He was able to pay his bill and the power was turned back on August 2. The power outage caused all of his cold and frozen foods to spoil. Steve claims to have lost \$600 worth of food. Steve is eligible for a FoodShare replacement up to his full July allotment of \$265.
Example 2	Steve and his child received a monthly FoodShare benefit of \$265 on July 14. Before receiving his August FoodShare allotment, on August 3, Steve calls and reports that his electricity was shut off on July 28. He was able to pay his bill and the power was turned back on August 2. The power outage caused some of his cold and frozen foods to spoil. Steve claims to have lost \$150 worth of food. Steve is eligible for a FoodShare replacement of \$150, the total amount of his claimed loss.

Once the replacement FoodShare amount is determined, go to step 7.

7. Submit a FoodShare Replacement Benefit Request. To submit a FoodShare Replacement Benefit request, workers must follow the process outlined in Process Help 31.2.5 Issuing Supplements Process, in the subsection "[Submitting a FoodShare Supplemental or Replacement Benefit Request](#)".

After the Replacement FoodShare request is submitted, go step 8.

8. Did the household claim a loss amount that exceeds the allowable regular FoodShare replacement amount?
 - a. If yes, workers must check the case for a Summer EBT issuance.
 - i. "[Checking for Summer EBT Issuance](#)"
 1. If the household received a Summer EBT issuance between June 22 of the current year and the date of the loss, refer the case to the S-EBT Team.
 - a. "[Referral to S-EBT Team](#)"
 - b. When the referral to the S-EBT Team is completed, go to step 9.
 2. If the household did not receive a Summer EBT issuance between June 22 of the current year and the date of the loss, go to step 9.
 - b. If no, go to step 9.
9. The worker must document in the case comments the request for and issuance of replacement FoodShare benefits. Documentation must include:
 - a. The date of the verbal or written request,
 - b. The date the completed form F-00330 was received,
 - c. The reason for the request and the amount requested,
 - d. Details of the loss verification (i.e. type, source and date of verification, or was the verification requirement waived due to State of Emergency declaration),

- e. Whether the replacement request was approved or denied,
 - i. If approved, include the amount of replacement FoodShare approved.
 - ii. If denied, include the reason for the denial.
- f. If the case was referred to the S-EBT Team for further review.

Checking for Summer EBT Issuance

1. Using CWW

- a. Check for a system entered case comment regarding a Summer EBT issuance from June 22 of the current calendar year through the date of the claimed food loss.
 - i. *Summer EBT benefits for the summer months of <year> approved for eligible children*

OR

- b. Check Correspondence History for correspondence regarding a Summer EBT issuance from June 22 of the current year through the date of the claimed food loss.

The screenshot shows the 'Worker View' interface of the CARES Worker Web. The top navigation bar includes 'User ID', 'User Name', 'Quick Select: CASE/RFA', and a date '06/28/2024'. A navigation menu on the left lists various system functions. The main content area displays 'Correspondence History Search Results' with the following search criteria: Case / RFA (redacted), Correspondence Mailing Date: Before 06/28/2024, and Correspondence Programs: All programs. Below this is a table titled 'Correspondence Listing' with columns for Mailing Date, Description, Distributed By, Duplicate, Language, Suppressed By, Send Duplicate, and View. The table contains five rows of data, with the first row highlighted in yellow.

Mailing Date	Description	Distributed By	Duplicate	Language	Suppressed By	Send Duplicate	View
06/24/2024	06/2024: EC24 - SUMMER EBT ISS-CASE	MAIL		English			
08/11/2023	03/2023: CC - CHILD CARE - CLOSED	MAIL		English			
06/23/2023	06/2023: EBP2 - SY22-23 SUM PEBT ISS	MAIL		English			
03/29/2023	03/2023: EBP2 - SY22-23 SUM PEBT ISS	MAIL		English			
06/02/2016	06/2016: CCSD - CC SMRF DISCONTINUE	MAIL		English			

2. Using ebtEdge

- a. Check ebtEdge for an "EBTS" issuance from June 22 of the current year through the date of the claimed food loss.

Case Information [Back to Case / Client List](#) Refresh

Account # :	Name:	Access	Available
Agency: WIDHFS	Client Status: ACTIVE	Cash: NONE	0.00
Case #:	Card # :	FS: PRIMARY	120.00

Case Client Card Benefit

Current Benefits

Auth #	Status	Program	Auth Amt	Available Amt	Hold Amt	Date Available	Last Used
	ACTIVE	EBTS	120.00	120.00	0.00	06/22/2024	0.01

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Referral to S-EBT Team

If a household reports a food loss due to a household misfortune or natural disaster, IM and Tribal agencies must **ONLY** refer cases to the S-EBT Team if they can see that:

- A. The household received a Summer EBT (EBTS) issuance between June 22 of the current year and the date of the claimed food loss, or
- B. The member indicated on a Request for Replacement FoodShare Benefits form (F-00330) that they received Summer EBT benefits,

And

The household was:

1. Determined eligible for replacement FoodShare and the reported loss exceeded the allowable amount of FoodShare that could be replaced, or
2. Determined ineligible for replacement FoodShare.

Example 1	<p>Steve and his child received a monthly FoodShare benefit of \$265 on July 14. Due to a change in circumstances, Steve's August benefit amount – set to be issued on August 14 - is increasing to \$355. On August 3, Steve calls and reports that his electricity was shut off on July 28. He was able to pay his bill and the power was turned back on August 2. The power outage caused all his cold and frozen foods to spoil. Steve claims to have lost \$600. Steve is eligible for a FoodShare replacement up to his full July allotment of \$265.</p> <p>Because Steve reported a loss of \$600 but was only eligible for \$265 in replacement FoodShare, the worker checks to see if Summer EBT benefits were issued on the case between June 22 and July 28 (the date of the loss). They look in ebtEdge and see that the household was issued EBTS on June 22. The worker completes a referral to the S-EBT Team for further review.</p>
Example 2	<p>Mary and her child received a monthly FoodShare benefit of \$300 on August 10. On August 22, Mary calls and reports that her electricity was out for more than 6 hours on August 21 due to a storm. The power came back on August 22. The power outage caused much of her cold and frozen foods to spoil. Mary claims to have lost \$200 of food purchased with her EBT card. Because Mary's claimed loss (\$200) is less than her full monthly FoodShare allotment (\$300), Mary is eligible for \$200 in replacement FoodShare.</p>

	Since Mary's reported loss was less than her most recent FoodShare allotment, the worker does not need to complete a referral to the S-EBT Team.
Example 3	<p>Tom and his children received a monthly FoodShare benefit of \$425 on June 5. Due to a change in circumstances on June 10, FoodShare benefits for the household closed as of June 30. Tom calls the agency on August 23 to report that a flood caused his home to lose power on August 21 and the power did not come back on until August 23. He reports he lost \$500 worth of food due to the outage. Since the household did not receive FoodShare benefits in August or July (the month of the loss and the month prior), the agency must deny the request for replacement FoodShare benefits.</p> <p>The worker checks to see if the household received a Summer EBT issuance and finds that there was a Summer EBT issuance to the case on June 22. The worker completes a referral to the S-EBT Team for further review.</p>
Example 4	<p>Bill received a monthly FoodShare benefit of \$291 on July 3. On August 1, Bill calls and reports that his refrigerator broke while he was out of town sometime between July 27 and July 30, which caused all his cold and frozen food to spoil. Bill claims to have lost \$600 of food purchased with his EBT card. Bill is eligible for a FoodShare replacement up to his full July allotment of \$291.</p> <p>Because Bill reported a loss of \$600 but was only eligible for \$291 in replacement FoodShare, the worker checks to see if Summer EBT benefits were issued to the case between June 22 and July 27 (the date of the loss). The worker finds no Summer EBT issuance for the case. No referral to the S-EBT Team is needed.</p>

To complete a referral to the S-EBT Team, workers must:

1. Log into SharePoint and access the [Summer EBT Replacement Request](#) spreadsheet,
2. Choose the tab for the appropriate county number,
3. Complete columns A-J with the required information:
 - a. Case number
 - b. Date of the loss
 - c. Date the loss was reported.
 - d. Does the S-EBT Team need to verify the loss?
 - i. 'No', if the IM agency already verified the loss, the loss could not be verified but is not believed to be fraudulent, or verification is not required due to a relevant State of Emergency declaration.
 - ii. 'Yes', if the IM agency did not verify the loss (i.e. the household was denied replacement FoodShare because they did not receive FoodShare in the month of the loss or the month prior)
 - e. Date that the completed form F-00330 was received by the agency.
 - f. The total claimed value of food lost.
 - g. The amount of replacement FoodShare benefits the IM agency issued to the household.
 - i. Enter \$0 if replacement FoodShare was denied.
 - h. The date the replacement FoodShare benefits were issued.
 - i. Enter n/a if replacement FoodShare was denied.
 - i. The worker ID for the worker who updated the spreadsheet.
 - j. If the replacement FoodShare request was denied, enter the reason (timeliness, suspected fraud, etc.). If the request was not denied, leave blank.

A	B	C	D	E	F	G	H	I	J
Case Number	Date of the loss	Date Loss Reported	Does SEBT team need to verify loss?	Date Form Received	Total Replacement Requested	Amount of FS replaced	Date Replacement FS issued	Worker ID	FS Replacement Denial Reason
0123456789	7/11/2024	7/13/2024	No	7/17/2024	\$700	\$500	7/18/2024	XWK001	
9876543210	8/14/2024	8/15/2024	No	8/16/2024	\$300	\$125	8/16/2024	XWK001	
5555555555	08/01/2024	8/15/2024	No	8/15/2024	\$300	\$0	NA	XWK001	Timeliness

- When all cases that need to be referred to the S-EBT Team are entered on the spreadsheet, save the updates.
- Email the S-EBT Team at dhssebtsupport@wi.gov to advise them that new information has been added to the spreadsheet. Workers must use "Replacement S-EBT review needed" as the subject line and **DO NOT** include any case numbers or PHI/PII in the email sent. The body of the email should include only the consortium name and county number.

Example:

The screenshot shows an email composition interface. The 'To' field contains the email address dhssebtsupport@wi.gov, marked with a red circle and the number 1. The 'Subject' field contains the text 'Replacement SEBT review needed', marked with a red circle and the number 2. The body of the email contains the text 'Moraine Lakes Consortium' (marked with a red circle and the number 3) and 'County 067' (marked with a red circle and the number 4) on separate lines.

Referral to IM/Tribal Agency

In situations where a household reports a loss of FoodShare benefits or of FoodShare benefits and Summer EBT benefits directly to the S-EBT Team, the S-EBT Team will communicate it to agencies using the following process:

- Enter the information on the [FoodShare Replacement Request spreadsheet](#) in SharePoint under the appropriate tab for the county of the case.
- Email the CARES Coordinator of the county for the case.
- If the [Request for Replacement FoodShare Benefits form \(F-00330\)](#) was submitted to the S-EBT Team, it will be scanned to the case.

	A	B	C	D	E	F	G
	Case Number	Date of the loss	Date Loss Reported	Date Form Received (if applicable)	Total Replacement Requested	Worker ID	
1							
2							
3							