## **REPLACEMENT ISSUANCE FOR AF & CW**

# **REPLACEMENT ISSUANCE FOR AF & CW BENEFITS DUE TO LOST OR STOLEN BENEFITS**

The county department shall reissue a lost or stolen payment if the loss or theft is not questionable and the county determines that such loss was beyond the client's control. A loss will be considered within the client's control when: the client has shared the EBT pin number or written the pin number on the EBT card itself, or the client has given his or her card to another person for that person's use.

Replacements should be provided in the amount of the loss, but replacements cannot exceed the maximum of one month's allotment. The county worker can consider issuing less than the full month's allotment, if the situation warrants.

» Examples of when to issue full or partial issuances:

The client was issued Colorado Works benefits in the amount of \$360 for June. The client's entire cash issuance of \$360 was stolen due to EBT card skimming. The county worker has the ability to reissue the entire \$360 that was originally issued on the client's EBT card.

The client was approved for Adult Financial benefits in the amount of \$600 for June. \$40 was recouped from this issuance towards an active claim, so only \$560 was issued to the card. The client's \$560 cash issuance was stolen due to EBT card skimming. The county worker has the ability to reissue the \$560 that was origin





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#### TO ISSUE REPLACEMENT BENEFITS, FOLLOW THIS PROCEDURE:

- 1. In the event of a denial, a Cash Programs Request for Replacement Benefits denial letter will be triggered. The correspondence will include the date of request, denial date, denial reason, and appeal rights.
- 2. Navigate to the **Search for Issuance** screen under the Benefits tab. Enter the case number and check the From Date and To Date boxes for the range of dates the AF or CW issuance you wish to replace. Click Search.
- 3. Click on the **Benefit Reissuance** button at the bottom of the screen. Enter **Replacement Amount** based on the allotment amount previously issued. Complete the Status field accordingly (Pending, Approved or Denied for Cash). If you select Denied in the **Status** field, you must complete the **Denial Reason** drop-down field. The **Status Date** field can be completed using the date the reissuance is completed. Enter the **Request Reason**. The **Date Reported** field must be completed with the date the loss was reported to the agency. The **Date of Occurrence** field must be completed with the date the benefits were lost or stolen. The **Type of Loss** field must be completed depending on the amount of benefits lost, complete or partial issuance. Save the record.





Healthcare & Economic Security **Staff Development Division** 

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