

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH SNAP BENEFITS

Case Name	Address:
Case Number	Telephone Number:

I, _____, am the head of household or an adult member for the above named case and wish to report the following to the Department of Social Services.

My household experienced a household misfortune and \$ _____ in food purchased with SNAP benefits was destroyed.

According to Federal regulations, the request for replacement should not be more than your normal monthly allotment and should be for food purchased with SNAP benefits that were destroyed in a household misfortune. Your request amount should be reduced by the value of non-perishable items that were not destroyed.

CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I understand that I will be subject to penalties if I misrepresent the facts including but not limited to a charge of perjury for a false claim.

I must sign and return this statement within 10 days of the date I reported the loss or my benefits will not be replaced.

Please return this form to:

The Department of Social Services
925 Housatonic Avenue
Bridgeport, CT 06604

Attn.: Regional Administrator's Office

Signature/Firma

Date/Fecha