

CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

## Affidavit for Replacement of Food Destroyed in a Household Disaster

I certify/affirm that my household lost \_\_\_\_\_ of food on \_\_\_\_\_  
Dollar Amount

\_\_\_\_\_ due to \_\_\_\_\_  
Date Example Reasons: power outage, fire, flood, etc

### Your claim will be verified.

By signing this form; I certify, under penalty of perjury, that the information I have given is true, correct and complete to the best of my knowledge. I understand that if I intentionally misrepresent the facts or give false, misleading, purposely wrong, or incomplete information, benefits may be denied, and I may be disqualified from the Supplemental Nutrition Assistance Program (SNAP), fined and/or jailed.

CLIENT SIGNATURE	DATE

You must report lost food to the county assistance office (CAO) within 10 days of the date food purchased with program benefits is destroyed in a household misfortune, and this form must be received by the CAO within 10 days of the date of report. 7 CFR 274.6

The replacement benefit is limited to a maximum of a one-month allotment, unless the monthly issuance includes restored benefits, which can also be replaced up to their full value.