



W-1225  
(New 6/19)

## Department of Social Services

### Request for Replacement of Food Purchased with SNAP Benefits

Use this form if you need replacement SNAP benefits because food in your household that was bought with SNAP benefits was destroyed as a result of a disaster or household misfortune.

1. To receive replacement SNAP benefits, you must show proof of food loss due to disaster or household misfortune. See the enclosed Proof of Food Loss form (form number W-1226).
2. Complete and sign this form and return it to DSS by \_\_\_\_\_.

**By signing below, I attest to the following:**

My name is: \_\_\_\_\_ My address is: \_\_\_\_\_

My client ID # is (if known): \_\_\_\_\_ My phone # is: \_\_\_\_\_

Food my household bought with SNAP benefits was destroyed in a disaster or household misfortune.

The disaster/household misfortune was: \_\_\_\_\_  
(for example, fire, flood, power outage, etc.) and occurred on this date: \_\_\_\_\_

**Note:** If you are asking for food replacement as a result of losing power, you must have lost power for at least **4 hours**.

The destroyed food bought with SNAP benefits was worth: \$ \_\_\_\_\_

#### **CERTIFICATION – please read carefully before signing below**

I understand the following: (1) I will not receive more than the amount of my monthly SNAP benefit amount unless I have recently received restored benefits; (2) **DSS must receive this signed statement within 10 days of the date I reported my loss to DSS in order to receive food replacement**; (3) I can ask for replacement SNAP benefits only for food I bought with these benefits that was destroyed in a disaster or other household misfortune; and (4) my request cannot include the value of non-perishable items that were not destroyed. Legal authority: 7 CFR § 274.6.

If I have knowingly given incorrect information about the facts stated above, I may be charged with an intentional program violation (IPV) and may be subject to civil and criminal penalties including, but not limited to, perjury for a false claim. If I am found to have committed an IPV, I will not be eligible for SNAP benefits for 12 months for the first violation, 24 months for the second violation, and forever for the third violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail completed forms to:** DSS Scanning Center, P.O. Box 1320 Manchester, CT 06045-1320 or drop them off at any DSS office.

If you are deaf or hearing impaired and have a TDD/TTY, call our TDD/TTY hotline at 1-800-842-4524. DSS also has auxiliary aids for the visually impaired. Call 1-855-626-6632 for information.

This institution is an equal opportunity provider.



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### Proof of Food Loss – Collateral Contact Form

Name \_\_\_\_\_ DSS Client ID # \_\_\_\_\_

To get replacement SNAP benefits, you must show proof of food loss due to disaster or household misfortune.

Write the address of your residence here:

\_\_\_\_\_

#### There are two ways to show proof of food loss:

- A. Ask a person who is not in your household but who knows you lost your food to fill out the bottom of this form. This person is called your "collateral contact."
- Or
- B. If your food loss is the result of losing power (power outage), you can give us a letter from your power company, the fire department, or the Red Cross saying you lost power for at least 4 hours. If you give us such a letter, you do not need to get a collateral contact and you do not need to give us this form. You can just give us the letter and the "Request for Replacement of Food Purchased with SNAP Benefits" form.

To get replacement benefits you must send us the "Request for Replacement of Food Purchased with SNAP Benefits" form and either (1) this form or (2) a letter as stated in B.

#### Declaration of Food Loss by Your Collateral Contact

Your collateral contact is the person who knows of your food loss (but cannot be a person in your household). Your collateral contact must fill out this part of the form.

I, \_\_\_\_\_, declare that \_\_\_\_\_  
(Name of Collateral Contact Person) (Client Name)

had food loss due to \_\_\_\_\_  
(Reason for Food Loss)

If food loss is due to losing power, I also declare that \_\_\_\_\_  
(Client Name)  
lost power for at least 4 hours.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Collateral Contact Signature)

#### Address and phone number of collateral contact:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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H-1226 Proof of Food Loss