



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
CLIENT NAME	SOCIAL SECURITY NUMBER

This form must be received by the CAO within 10 days of the date you reported food lost due to household misfortune.

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.