Department of Human Services
Benefit, Employment and Support Services Division

APPLICATION FOR REPLACEMENT OF FOOD

I wish to apply for replacement of food because my food worth $_____ was destroyed by fire, flood, natural disaster or other household misfortune.

Explain what happened: _____
_____
_____.

When did this happen: _____?

Please provide collateral contact information in order for the State agency to verify your loss. Depending on the availability of power outage data or flood maps to verify your loss, the State agency may decide collateral contact information is not necessary.

Name of Collateral Contact: _____

Address: _____

Phone Number: _____

I understand that I must tell the truth, or I may be prosecuted for fraud.

_____ _____
Signature of Applicant or Authorized Representative Date

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Agency to complete: Unit: _____

Case Name: _____ Case Number: _____

Approved: Date authorized: _____ Issuance Method: _____

Amount authorized (not to exceed household's monthly allotment): _____

Denied and reason: _____

_____ _____
Signature of Eligibility Worker (witness) Date

Complete 2 copies: File original in the case record
Copy to applicant.

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