

PURPOSE: To provide a statement for eligibility units (EU) to certify loss of Food Stamp benefits:

- When food purchased with Food Stamp benefits is destroyed in a household misfortune.
- When Food Stamp benefits are lost from an electronic benefit transfer (EBT) account.
 - The EU reports the EBT card is lost or stolen, and benefits were removed from the EBT account after reporting the loss or theft.
 - The EU reports the card was not received when it is mailed to the correct address and benefits are removed from the account after reporting the non-receipt.
 - The EU reports the EBT card was not received and it was sent to the incorrect address.
 - The EU reports Food Stamp benefits were removed from the EBT account through an unauthorized manual voucher transaction.

NOTE: This form may be completed by a member of the Food Stamp eligibility unit or their authorized representative.

NUMBER OF COPIES AND DISPOSITION: File the form in the official Food Stamp record.

INSTRUCTIONS:

THIS ELIGIBILITY UNIT REPORTS:

Check the appropriate box to note the reported reason for the replacement request.

IDENTIFICATION:

Name: Enter the complete name of the head of household.

Residence County: Enter the number of the county in which the EU resides.

DCN: Enter the department client number of the head of the EU.

Current Address: Enter the complete current address of the EU.

Social Security Number (SSN): Enter the SSN of the head of the EU..

Date of Birth (DOB): Enter the DOB of the head of the EU.

Amount of Loss: Enter the value of the food purchased with Food Stamp benefits the EU reports is lost, or the amount of benefits the EU reports was removed from the EBT account without the EU's authorization.

Date of Loss: Enter the date the loss occurred.

Date Loss Reported to FSD: Enter the first date the EU contacted the FSD to report the lost Food Stamp benefits.

Date Replacement Request Form Completed: Enter the date the form is completed by the EU.

CUSTOMER STATEMENT / REASON FOR LOSS:

Record a brief description of the loss.

VERIFICATION OF LOSS:

Documentation of the loss may be obtained from collateral contact with a utility company, police report, landlord, newspaper, or other available sources. Record documentation used.

Discuss the information contained in both the "To the Household" and "Signature" sections with the EU member or authorized representative.

SIGNATURE SECTION:

The EU member or authorized representative must date and sign the form. The eligibility specialist or other FSD staff must also date and sign the form.

REPLACEMENT DETERMINATION:

Check the box to note the determination on the replacement request. If "Other" is selected describe the denial reason in the lines below.

REPLACEMENT APPROVED:

Amount Requested: Enter the EU's statement of the value of lost benefits.

Amount Replaced: Enter the amount of Food Stamp benefits replaced not to exceed one month's allotment.

Date Entered Into System: Enter the date of the entry to issue the replacement benefits.