



**Statement of Loss/Request for Replacement Food
Due to a Household Disaster or Misfortune**

I, _____, of _____
(Name) (Street)
_____, Massachusetts
(City/ZIP)

EBT Card # _____ certify that I am in need of replacement food because
food I had purchased with my Supplemental Nutrition Assistance Program (SNAP) benefits, in the
amount of \$_____, was destroyed in a household disaster/misfortune.

The household disaster/misfortune that occurred on _____ was: (Explain)
(Date)

I certify under penalty of perjury that the information I have given in this statement is correct and true.
I understand that if I intentionally made a false or misleading statement about the destruction of my food
purchased with SNAP benefits, or misrepresent, conceal, or withhold any facts, I may be prosecuted for
an Intentional Program Violation. Prosecution for an Intentional Program Violation may result in my
ineligibility to participate in SNAP for a period of 12 months for the first violation, 24 months for the
second violation, and permanently for the third violation.

Head of Household Signature Date

Witness Signature Date

The occurrence of the household disaster/misfortune outlined above was confirmed by:

- Home Visit on _____
Date
- Collateral Contact with _____ on _____
Name Date
- Documentation from _____ on _____
Community Agency Date

Case Manager Date