SNAP 38 Rev. 10/19 08/19 Issue Obsolete

## State of Louisiana Department of Children and Family Services Statement Regarding Food Lost in a Household Misfortune

Give this form to DCFS

By mail: DPC

P. O. Box 260031

Baton Rouge, LA 70826-9918 By fax: (225) 663-3164

By fax: (225) 663-3164 In person At your local DCFS office

## Instructions

If you lost food that you bought with your SNAP benefits because of a flood, fire, power outage, or other disaster, we may be able to replace your SNAP benefits.

To request replacement of SNAP benefits, you must:

- Report the loss within 10 days of the food loss.
- Complete this form and submit it to DCFS within 10 days after you reported the loss of food.
- Provide the Dollar (\$) amount of the food loss.

Name of Head of Household:			Social Security Number:
Physical Street Address: City:			Parish:
Name of Authorized Representative:			Phone Number:
Office use only:			
Benefit Amount: Benefit Month: Issue No		<b>.</b> .:	
The undersigned states:  That he/she is the person named as head of household of the above-described certification, is a responsible member of the household, or is the authorized representative.  That he/she lost food bought with my SNAP benefits worth \$ because of a			
household disaster or misfortune that happened on/			
☐ Flood ☐ Other Describe:	☐ Fire	<del>_</del>	wer outage of at least 24 hours
That at the time of the disaster the head of the household lived at the address shown above.			
The undersigned is aware of the penalties for intentional misrepresentation of the facts including a charge of perjury for any false claim.			
Typed or printed name of Head of Household or other Responsible Household Member		Signature of Head of Household or other Responsible Household Member	
		Date Signed	
Typed or printed name of Authorized Representative		Signature of Authorized Representative	
		Date Signed	