

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: _____.

Best Contact to Reach You: Phone: _____
Email: _____

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

Name of applicant (Print)

Signature of applicant Date

Agency to complete:

Case Name: _____ Case Number: _____

PC: _____

Approved: Date authorized: _____ Issuance Method: _____

Amount authorized (not to exceed benefits for the month of loss): _____

Denied and reason: _____

Worker Processing center Date

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