

**HOUSEHOLD STATEMENT OF FOOD LOSS
DUE TO HOUSEHOLD DISASTER
PART I**

County _____

Case Name _____ Case Number _____

Mailing Address _____

Method of Reporting: (Check Method) Date Reported _____

In Person _____ Month/Day/Year

By Telephone In Writing

Individual was instructed to have a household member or authorized representative to come to the county office to sign MDHS-EA-508 by _____.

Date Benefits issued: _____ Value: _____ Month of Issuance _____

_____ Supplement _____

_____ Restoration _____

PART II

- In order for food purchased with SNAP benefits to be replaced, the disaster must be reported within ten(10) days of the date the loss occurred.
- The county office will need proof of the disaster through documentation from the Red Cross, Fire Department or other community source of verification.
- The county office may delay or deny further replacement after two (2) reports in a six (6) month period.
- The household has a right to a fair hearing to contest the denial or delay of replacement issuance; however, a replacement may not be made during the appeal.

Amount of Loss \$ _____

Household Statement Attesting to Food Loss:

I am aware of the penalty for intentional misrepresentation of the facts, including but not limited to, a charge of perjury for a false claim.

Signature of Household: _____ Date _____

Signature of Witness: _____

Replacement authorized: _____ Date: _____

Signature

Replacement denied: _____ Date: _____

Signature