

Louisiana Department of Health
Statement Regarding Food Lost in a Household
Misfortune

Give this form to LDH
By mail: DPC
P. O. Box 260031
Baton Rouge, LA 70826-9918
By fax: (225) 663-3164
In person At your local LDH 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 LDH 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.:

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 ____ / ____ / ____ .

That food purchased with SNAP benefits was destroyed in a household misfortune due to:

- Flood Fire Power outage of at least 24 hours
 Other Describe: _____

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