LDSS-2291 A (Rev.11/12)

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

NEW YORK STATE — OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME		COUNTY	
CASE NUMBER		SSN	Date of Birth
HOUSE # STREET ADDRESS APT # CITY STATE ZIP		PHONE NUMBER	

I ______________________________, am the head of household or an adult household member for the above named active case and wish to report the following to the agency representative:

My household experienced a loss in the amount of $ ______________________ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

_____ a power outage
_____ a flood
_____ a fire
_____ other disaster

Worker Comments: ____

____

____

____

Client Comments: ____

____

CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I am aware that offering a false instrument for filing as described in Article 175 of the Penal Law is a crime that may have a maximum penalty of four (4) year's imprisonment. If I do so, I will be subject to prosecution under the Civil and Criminal Laws of the United States and New York State and under the regulations of the New York State Office of Temporary and Disability Assistance.

I understand I have a right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

I understand that if I do not sign and return this statement to the agency within ten (10) days of the date the loss was reported, the agency will not replace the SNAP benefits.

Signature **Date**

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