



**THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
ECONOMIC SECURITY ADMINISTRATION
*Replacement of SNAP Benefits***

DHS ONLY
Date Received: _____
SSR Name: _____

Instructions:

If you lost food purchased with District of Columbia (DC) Supplemental Nutrition Assistance Program (SNAP) benefits due to a household misfortune, the Department of Human Services (DHS) Economic Security Administration (ESA) may be able to replace your SNAP benefits. The most ESA can replace is one month of SNAP benefits.

Household misfortunes include:

- Severe storm
- Flooding
- Power-outage of at least 4-hours
- Fire
- Refrigerator or freezer equipment failure

To request replacement of your SNAP benefits due to a household misfortune:

- Fill out and submit the attached form to ESA within **10 days of the loss** of food purchased with your SNAP benefits.
- OR**
- You can call ESA’s Public Benefits Call Center at (202) 727-5355 (if you are hearing impaired, you may call TTY/TDD 711 (855) 532 5465) or visit a Service Center to report the loss of food verbally or in writing **within 10 days of the loss of food**. After making your initial report, you will have **10 days** to fill out and submit the attached form to ESA.

You can submit the completed attached form in the following ways:

Electronically	Mail	Drop-Off at Service Center	Fax
https://districtdirect.dc.gov/ <i>or</i> District Direct Mobile App Apple or Google Play stores	Department of Human Services Case Record Management Unit P.O. Box 91560 Washington, DC 20090	Anacostia: 2100 Martin Luther King Avenue SE Congress Heights: 4049 South Capitol Street SW H Street: 645 H Street NE	(202) 671-4400

After submitting the attached form, ESA will need to verify that a household misfortune occurred. ESA may contact a third party or visit where you live to verify the household misfortune.

ESA must issue replacement SNAP benefits within 10 days after you report the loss of food purchased with SNAP benefits or within 2 business days of receiving the attached form – whichever is later.

ESA may deny your request for replacement SNAP benefits if you do not report your loss of food purchased with SNAP benefits within 10 days of the household misfortune or if available documentation indicates the request for replacement benefits appears to be fraudulent.



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Complete and sign this form under penalty of perjury to complete the process of reporting a loss of food purchased with your District of Columbia (DC) Supplemental Nutrition Assistance Program (SNAP) benefits due to a household misfortune and to be considered for replacement benefits.

Your Information:

Full Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Case #: _____

Household Misfortune and Loss of Food:

Household Misfortune: Severe Storm Flood Power-Outage Fire Other: _____

Date(s) of Household Misfortune: _____

Estimated Value of Lost Food Purchased with SNAP: \$_____

Penalty Warning:

We may check the information you provide on this form with Federal, State, and local officials to find out if it is true. If any of the information that you provide is untrue, we may terminate your SNAP benefits and you may be subject to criminal prosecution for knowingly providing incorrect information.

If you intentionally break the rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits for one year for the first violation, two years for the second violation, and permanently for the third violation. If you lie about living in DC or your identity, then you cannot get SNAP for ten years. If you sell or trade your SNAP to get drugs, then you may lose your benefits for 2 years on the first offense and permanently on the second offense, if convicted by a court of law. If you use or receive benefits in a transaction involving the sale of firearms, ammunition, or explosives or traffic in \$500 or more in benefits, then you may lose your benefits permanently on the first offense, if convicted by a court of law. The rules are:

- Do not lie or hide information to get SNAP
- Do not trade or sell your SNAP
- Do not use someone else's SNAP
- Do not buy alcohol or tobacco or other prohibited products with SNAP

Certification and Signature:

I attest and declare under penalty of perjury to the best of my knowledge and belief that the information on this form is correct and that food purchased with my SNAP benefits were destroyed due a household misfortune identified on this form. I understand if I intentionally break the rules I may lose my benefits, be fined, and/or go to prison. I understand that any unauthorized use of SNAP benefits may subject me to administrative disqualification and/or legal prosecution. I hereby give permission for you to verify any information given by me in relation to this SNAP benefit replacement request. I understand I have a right to a fair hearing if my request for replacement SNAP benefits is denied or delayed and that replacement benefits will not be issued pending a fair hearing decision. I understand that if I do not sign and return this form to ESA within ten (10) days of the date the loss was reported, ESA will not replace SNAP benefits.

Signature:

Date:
