

RI SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
Request for Replacement of Food Purchased with SNAP Benefits

Case Name	Phone Number	Address: Street, City/Town
Case Number/Social Security Number	DHS Office	

INSTRUCTIONS

This form must be signed and returned within 10 days of the date the loss of food was reported to the RI Department of Human Services or benefits will not be replaced.

- Please provide proof of reported loss at the address of the SNAP recipient. Someone with knowledge of your loss (including but not limited to, landlords, staff of community agencies, fire departments, housing authorities and neighbors) may complete the back side of this form to be submitted as proof of your food loss.

Please drop off, mail or fax your completed form to your local DHS office, locations listed at www.dhs.ri.gov, or call the RI DHS Information Line at 1.855.MY.RIDHS (1.855.697.4347). You may also contact the URI SNAP Outreach Assistance line at 1.866.306.0270.

CERTIFICATION

I, _____, am the head of household or an authorized representative for the above named case and wish to report the following to the Department of Human Services.

My household experienced a household misfortune/loss and \$ _____ in food purchased with SNAP benefits were destroyed or stolen.

NOTE: The request for replacement should not be more than your normal monthly allotment and should be for food purchased with SNAP benefits that was destroyed in a household misfortune/loss. Your request amount should be reduced by the value of non-perishable items that were not destroyed.

I first made DHS aware of this food loss by (check one): Completing this Form

Calling _____ on _____
DHS Staff person name (if known) date

Other: _____

I understand that I will be subject to penalties if I misrepresent the facts including but not limited to a charge of perjury for a false claim.

Signature

Date

SNAP-55 Receipt

(Keep this receipt for your records)

CASE NAME: _____

DHS STAFF NAME: _____

DHS STAFF SIGNATURE: _____

DHS LOCATION RECEIVED: _____

DATE: _____

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Disaster/Loss Verification

I have knowledge of the food loss reported by:

SNAP Recipient: _____(name)
of _____(address)
on _____(date of food loss).

By signing below, I verify the above named SNAP recipient experienced a loss of food. I have provided my contact information so DHS may reach me if there are questions about my verification.

Signature _____ Date _____
Printed name _____
Phone _____
Address _____

NOTE: Verification may be provided by anyone outside the SNAP household with knowledge of food loss including but not limited to, landlords, staff of community agencies, fire departments, housing authorities and neighbors.