



W-1226
(New 6/19)

Department of Social Services

Proof of Food Loss – Collateral Contact Form

Name _____ DSS Client ID # _____

To get replacement SNAP benefits, you must show proof of food loss due to disaster or household misfortune.

Write the address of your residence here:

There are two ways to show proof of food loss:

- A. Ask a person who is not in your household but who knows you lost your food to fill out the bottom of this form. This person is called your "collateral contact."
- Or**
- B. If your food loss is the result of losing power (power outage), you can give us a letter from your power company, the fire department, or the Red Cross saying you lost power for at least 4 hours. If you give us such a letter, you do not need to get a collateral contact and you do not need to give us this form. You can just give us the letter and the "Request for Replacement of Food Purchased with SNAP Benefits" form.

To get replacement benefits you must send us the "Request for Replacement of Food Purchased with SNAP Benefits" form and either (1) this form or (2) a letter as stated in B.

Declaration of Food Loss by Your Collateral Contact

Your collateral contact is the person who knows of your food loss (but cannot be a person in your household). Your collateral contact must fill out this part of the form.

I, _____, declare that _____
(Name of Collateral Contact Person) (Client Name)

had food loss due to _____
(Reason for Food Loss)

If food loss is due to losing power, I also declare that _____
(Client Name)
lost power for at least 4 hours.

X _____ Date _____
(Collateral Contact Signature)

Address and phone number of collateral contact:

Address: _____

Phone Number: _____

Mail completed forms to: DSS Scanning Center, P.O. Box 1320 Manchester, CT 06045-1320
or drop them off at any DSS office.

If you are deaf or hearing impaired and have a TDD/TTY, call our TDD/TTY hotline at 1-800-842-4524. DSS also has auxiliary aids for the visually impaired. Call 1-855-626-6632 for information.

This institution is an equal opportunity provider.



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