



W-1225
(Rev. 1/21)

State of Connecticut Department of Social Services

Request for Replacement of Food Purchased with SNAP Benefits

Use this form if you need replacement SNAP benefits because food in your household that was bought with SNAP benefits was destroyed as a result of a disaster or household misfortune.

1. To receive replacement SNAP benefits, you must show proof of food loss due to disaster or household misfortune. See the enclosed Proof of Food Loss form (form number W-1226).
2. Complete and sign this form and return it to DSS by _____.

By signing below, I attest to the following:

My name is: _____ My address is: _____

My client ID # is (if known): _____ My phone # is: _____

Food my household bought with SNAP benefits was destroyed in a disaster or household misfortune.

The disaster/household misfortune was: _____
(for example, fire, flood, power outage, etc.) and occurred on this date: _____

Note: If you are asking for food replacement as a result of losing power, you must have lost power for at least **4 hours**.

The destroyed food bought with SNAP benefits was worth: \$ _____

CERTIFICATION – please read carefully before signing below

I understand the following: (1) I will not receive more than the amount of my monthly SNAP benefit amount unless I have recently received restored benefits; **(2) DSS must receive this signed statement within 10 days of the date I reported my loss to DSS in order to receive food replacement;** (3) I can ask for replacement SNAP benefits only for food I bought with these benefits that was destroyed in a disaster or other household misfortune; and (4) my request cannot include the value of non-perishable items that were not destroyed. Legal authority: 7 CFR § 274.6.

If I have knowingly given incorrect information about the facts stated above, I may be charged with an intentional program violation (IPV) and may be subject to civil and criminal penalties including, but not limited to, perjury for a false claim. If I am found to have committed an IPV, I will not be eligible for SNAP benefits for 12 months for the first violation, 24 months for the second violation, and forever for the third violation.

Signature

Date

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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