



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

# Department of Health and Human Services Request for SNAP Replacement

SNAP Account Holder Name (First, Last):		Date of Birth:
Address Where Loss Occurred:		
Mailing Address:		
If Mailing Address is different, please explain why:		
Last Four Digits of SSN:	Master Case #:	
Replacement SNAP benefits can be issued to current SNAP households when food purchased with SNAP benefits was destroyed due to a household misfortune or natural disaster. Replacement benefits are issued for the amount of food actually destroyed, up to the amount of benefits already issued for that month. <b>If loss is not reported within ten days of the loss, or If the signed statement or affidavit is not received by the State agency within 10 days of the date of report, no replacement shall be made. If the 10th day falls on a weekend or holiday, and the statement is received the day after the weekend or holiday, the State agency shall consider the statement timely received.</b>		
Date of Loss:	Reason for Loss (flood, fire, electrical, etc.)	
Estimated value of destroyed food bought with EBT: What was the dollar amount of food destroyed in the refrigerator? What was the dollar amount of food destroyed in the freezer(s)?		
If loss was due to an electrical outage, what was the estimated time (hours/minutes) of the outage?		
Provider of electricity:		
<b>PENALTY WARNING</b>		
Anyone in your household who intentionally violates any of the following rules may be stopped from receiving SNAP benefits for one year, two years, or permanently. They may be fined, jailed, or both. <b>The rules are:</b>		
<ul style="list-style-type: none"> <li>• <b>DO NOT</b> give false information or conceal information to receive or continue to receive SNAP benefits.</li> <li>• <b>DO NOT</b> give or sell SNAP benefits to anyone not authorized to use them.</li> <li>• <b>DO NOT</b> use SNAP benefits to purchase unauthorized items such as tobacco or alcohol.</li> </ul>		
I understand the penalties for concealing or giving false information. My household is in need of immediate SNAP assistance as a result of the loss. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge.		
<b>This form must be printed, signed, and returned to DHHS. Electronic signatures will not be accepted.</b>		
Signature: _____		Date: _____
Date Loss was received by DHHS/reported to DHHS (completed by DHHS):		
<b>How to return to DHHS:</b>		
Return the completed, signed form in one of the following ways:		
<b>1. Email:</b> DHHS.ANDICenter@nebraska.gov	<b>3. Fax:</b> 402-742-2351	
<b>2. Mail:</b> DHHS PO Box 2992 Omaha, NE 68103	<b>4. Drop off:</b> Return to any local DHHS Office.	