

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

Case Name	Address: City and Town
Case Number	DHS Office

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/disaster/loss and \$ _____ in food purchased with SNAP benefits was destroyed or stolen.

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

CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE STATEMENTS ON PG. 2

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.

I must sign and return this statement within 10 days of the date I reported the loss to the RI Department of Human Services or my benefits will not be replaced.

- Please provide proof of address of disaster/loss location (DHS may request verification of reported loss consistent with DHS Rules Section 1036 to determine that the destruction occurred).
- I have or have not previously received emergency SNAP disaster benefits.
- If yes, please provide date(s) of replacement SNAP benefits _____

Signature/Firma

Date/Fecha

Client Id #/Cliente ID #

Please drop off or mail completed form to your local DHS office, locations listed at www.dhs.ri.gov., or call the **RI DHS information line at 401.462.5300**. You may also contact the **URI SNAP Outreach Assistance line at 1.866.306.0270** or contact your local Community Action Partner (CAP agency) locations listed at www.ri.communityaction.org

I ALSO DECLARE THAT:

1. I DID NOT AUTHORIZE ANYONE TO RECEIVE, OR USE MY EBT CARD FOR FOOD PURCHASES FOR ME OR ON MY BEHALF.
2. I DID NOT RECEIVE ANY BENEFIT THEREON DIRECTLY OR INDIRECTLY.
3. IF THE ORIGINAL EBT CARD REFERRED TO ABOVE IS PRESENTED FOR REDEMPTION AND OR TRANSACTED, I SHALL BE READY AND WILLING TO COOPERATE WITH THE INVESTIGATING UNIT AND WILLING TO APPEAR IN COURT TO GIVE EVIDENCE IN ANY PROCEEDING WHICH IS INSTITUTED, EITHER CIVIL OR CRIMINAL.
4. IF I RECEIVE OR RECOVER THE ORIGINAL EBT CARD AT ANY TIME IN THE FUTURE, I WILL RETURN IT OR THEM IMMEDIATELY TO THE RHODE ISLAND SNAP OFFICE OR BE LIABLE FOR FRAUD PROSECUTION.
5. THIS STATEMENT IS MADE FOR THE EXPRESS PURPOSE OF INDUCING THE SNAP OFFICE TO ISSUE AN EBT CARD TO ME TO REPLACE THE EBT MENTIONED ABOVE.
6. I AM AWARE THAT IF I OR ANY MEMBER OF MY HOUSEHOLD INTENTIONALLY MISREPRESENTS THE ABOVE REPORTED FACTS THEN THIS CAN RESULT IN THE DISQUALIFICATION TO PARTICIPATE IN THE SNAP PROGRAM FOR 1) A ONE (1) YEAR FOR THE FIRST VIOLATION, TWO (2) YEARS DISQUALIFICATION FOR THE SECOND VIOLATION, PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION; OR 2) WHEN THERE IS A FINDING BY A FEDERAL, STATE, OR LOCAL COURT OF USE OR RECEIPT OF COUPONS IN A TRANSACTION INVOLVING THE SALE OF A CONTROLLED SUBSTANCE, TWO (2) YEARS DISQUALIFICATION FOR THE FIRST VIOLATION , AND PERMANENTLY FOR THE SECOND VIOLATION; OR 3) WHEN THERE IS A FINDING BY A FEDERAL, STATE, OR LOCAL COURT OF USE OR RECEIPT OF COUPONS IN A TRANSACTION INVOLVING THE SALE OF FIREARMS, AMMUNITION, OR EXPLOSIVES, PERMANENT DISQUALIFICATION FROM THE SNAP PROGRAM UPON THE FIRST OCCASION OF SUCH VIOLATION; OR 4) IF CONVICTED OF TRAFFICKING SNAP BENEFITS OF FIVE HUNDRED DOLLARS (\$500) OR MORE PERMANENT DISQUALIFICATION FROM THE SNAP PROGRAM; 5) OR FOUND BY THE DEPARTMENT OF HAVING MADE, OR CONVICTED IN A FEDERAL OR STATE COURT OF HAVING MADE, A FRAUDULENT STATEMENT OR REPRESENTATION WITH RESPECT TO ONE'S IDENTITY OR PLACE OF RESIDENCY IN ORDER TO RECEIVE MULTIPLE BENEFITS SIMULTANEOUSLY UNDER THE SNAP PROGRAM, DISQUALIFICATION FOR A TEN (10) YEAR PERIOD. AN INDIVIDUAL CAN BE FINED UP TO \$250,000, SENT TO JAIL FOR UP TO TWENTY (20) YEARS, OR BOTH, AND SUBJECT TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL LAWS.

DATE _____ 20 _____

SIGNATURE _____

ADDRESS _____

AGENCY REPRESENTATIVE _____

OFFICE LOCATION _____

I HAVE ESTABLISHED FROM THE CASE RECORD THAT THE PRIMARY LANGUAGE OF THE ABOVE-NAMED PERSON IS NOT ENGLISH

INTERPRETER'S AFFIDAVIT, AS APPROPRIATE:

I am an interpreter of the _____ language. I certify that I have translated the above document to the person named above in her/his own language.

INTERPRETER'S SIGNATURE

INTERPRETER'S NAME (PRINTED)

INTERPRETER'S ADDRESS