



## **Request for Replacement SNAP Benefits Due to Household Disaster or Misfortune for Massachusetts Residents**

### **Give this form to DTA**

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

### **Instructions**

If you lost food that you bought with your SNAP benefits because of a fire, flood, loss of electricity, broken refrigerator/freezer, or other disaster, we may be able to replace your SNAP benefits. The most we can replace is one month of SNAP.

To request replacement SNAP:

- You must report the loss within 10 days of the food loss. You can do this by phone or in writing. If you get cash benefits, call your case manager. If you only get SNAP, call us at 1-877-382-2363. You can also mail or fax your report using the address or fax number in the box above.
- You must then complete this form and submit it to DTA. DTA must get it within 10 days after you reported the loss of food. (If you submit this form within 10 days of the food loss, you do not need to make a separate report first.)
- DTA will confirm what happened by contacting a third party or visiting your home and will issue replacement SNAP if you are eligible.
- DTA must issue replacement SNAP quickly: either within 10 days of getting your report of the food loss, or within 2 business days of getting the completed form – whichever is later.



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Client's name \_\_\_\_\_ Client ID or last 4 of SSN \_\_\_\_\_

Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

I lost food bought with my SNAP benefits worth \$ \_\_\_\_\_ because of a household disaster or misfortune that happened on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Date

The household disaster/misfortune was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information I gave is true to the best of my knowledge. I understand that making a false or misleading statement on this form on purpose could be a crime (perjury) or an Intentional Program Violation (IPV). A person found to have committed an IPV will be ineligible for SNAP for 1 year for the first IPV, 2 years for the second IPV, and permanently for the third IPV.

Client signature \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Date

*For DTA only.* DTA confirmed the household disaster or misfortune by:

- Home Visit on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date
- Collateral Contact with \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date
- Documentation from \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Community Agency Date

Department Representative \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Date