



Massachusetts Department of Transitional Assistance

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

Give this form to DTA:

- Upload to DTA Connect
- Fax to 617-887-8765
- Mail to the DTA Document Processing Center: P.O. Box 4406, Taunton, MA 02780
- Scan at a 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 mail or fax your report using the address or fax number in the box above. You can also upload your report using the DTA Connect App, or at DTAConnect.com.
- 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.) You can complete this form over the phone with a worker and sign telephonically.
- DTA will attempt to confirm what happened by contacting a third party. If DTA is unable to verify what happened, you will need to submit documentation verifying the loss of food. DTA will issue replacement SNAP if you are eligible.



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

Client's name

Client ID

Address

Phone Number

I lost food bought with my SNAP benefits worth \$ _____ due to a household disaster or
misfortune that happened on ____/____/____.
Date

I lost my food 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

This institution is an equal opportunity provider.