

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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SNAP LOSS & REPLACEMENT FORM

This form must be returned within 10 days of report to be eligible for replacement SNAP.

Client Name: _____ Case ID or Social Security #: _____

Date of loss/outage: _____ Value of Lost Food: _____

Address of loss/outage: _____

Benefits or food destroyed after receipt can be replaced by the Department if the loss was due to a "household misfortune". Household misfortune may include, but is not limited to, fire, flood, storm, loss of electricity (for any reason, including disconnections), equipment failure, and special disaster declarations.

Describe the incident – include as much relevant information as possible including:

- what caused the loss
- name of utility provider and account #
- length of power outage, if applicable
- name on account if different than above

I certify under penalty of perjury and/or fraud that food purchased with SNAP benefits was destroyed in a household misfortune. I hereby request a special allotment of SNAP benefits as a replacement for benefits/food lost or destroyed after issuance.

Signature of client: _____

Signature Date: _____

USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.