

REQUEST FOR REPLACEMENT OF FOOD PURCHASED WITH
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

If you are blind or seriously visually impaired and need this application/form in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available, contact your social services district or visit www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? Yes No

If Yes, check the type of format you would like: Large Print
Data CD Audio CD Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE		
CASE NAME		COUNTY		
CASE NUMBER	SSN	DATE OF BIRTH		
ADDRESS (including house and Apt number)	CITY	STATE	ZIP	PHONE NUMBER

I _____, am the head of household or an adult household member for the above named case and wish to report the following to the agency representative:

My household experienced a loss in the amount of \$ _____ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

- ☐A power outage
- ☐A fire
- ☐A flood
- ☐Other disaster Describe: _____

Worker Comments: _____

Client Comments: _____

CERTIFICATION
DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW

I am aware that offering a false instrument for filing as described in Article 175 of the Penal Law is a crime that may have a maximum penalty of four (4) year’s imprisonment. If I do so, I will be subject to prosecution under the Civil and Criminal Laws of the United States and New York State and under the regulations of the New York State Office of Temporary and Disability Assistance.

I understand I have a right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

I understand that if I do not sign and return this statement to the agency within ten (10) days of the date the loss was reported, the agency will not replace the SNAP benefits.

Signature	Date
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*Please return this completed form to your local County Social Service Department (SSD) or for NYC residents visit the HRA website for a list of the local center closest to you.

DEMANN RANPLASMAN MANJE KI ACHE AVÈK
AVANTAJ NAN PWOGRAM ASISTANS NITRISYON SIPLEMANTÈ (SNAP)

Si ou avèg oswa ou gen pwoblèm vizyon grav e ou bezwen yon aplikasyon oswa enstriksyon sa yo nan yon lòt fòm, ou ka mande youn nan distri sèvis sosyal ou a. Pou w jwenn enfòmasyon anplis osijè kalite fòm ki disponib, kontakte distri sèvis sosyal ou oswa vizite www.otda.ny.gov.

Si ou avèg oswa ou gen pwoblèm vizyon grav, èske ou ta renmen resevwa avi alekri nan yon lòt fòm? _____ Wi _____ Non

Si Wi, tcheke kalite fòm ou ta renmen: _____ Gwo Karaktè _____
Done CD _____ Odyo CD _____ Bray, si ou afime ke okenn nan lòt fòm yo pap efikas pou ou.

Si ou bezwen yon lòt akomodasyon, tanpri kontakte distri sèvis sosyal ou.

BIWO ASISTANS PWOVIZWA AK ASISTANS POU MOUN ANDIKAPE ETA NEW YORK

NON KI SOU DOSYE A			KONTE	
NIMEWO DOSYE		SSN		DAT LI FÈT
ADRÈS (ak nimewo kay ak apatman)	VIL	ETA	KÒD POSTAL	NIMEWO TELEFÒN

Mwen _____, se chèf kay oswa yon adilt k ap viv nan kay la pou dosye ki gen non li ekri pi wo a, epi mwen vle rapòte sa ki anba la a ba anplwaye ajans lan:

Fanmi m te pèdi \$ _____ manje ki te achte ak avantaj Pwogram Asistans Nitrisyon Sipleman tè (SNAP).
Yo te detwi akòz:

- ☐Yon blakawout
- ☐Yon inondasyon
- ☐Yon dife
- ☐Lòt katastwòf
- Esplike sa li ye: _____

Komantè anplwaye: _____

Komantè Kliyan: _____

OTANTIFIKASYON
PA SIYEN JOUK LÈ OU LI AK KONPRANN DEKLARASYON KI ANBA LA YO

Mwen rekonèt si mwen bay yon fo enfòmasyon pou ranpli fòm sa a jan sa dekri nan Atik 175 Lwa Kriminèl la mwen fè yon krim ki ka lakòz mwen jwenn yon sanksyon pou ale nan prizon pou kat (4) ane. Si mwen fè sa, y ap trennen mwen lajistis anba Lwa Sivil ak Lwa Kriminèl Etazini ak Eta New York yo ak anba règleman Biwo Eta New York pou Asistans Pwovizwa ak pou Moun Andikape.

Mwen rekonèt mwen gen dwa pou gen yon odyans san patipri pou di mwen pa dakò ak refi oswa reta pou yo bay avantaj pou ranplase manje a pou lakay mwen. Yo pap fè ranplasman an annatandan desizyon y ap pran nan odyans san patipri a.

Mwen rekonèt si mwen pa siyen ak retounen deklarasyon sa a ba ajans lan nan dis (10) jou ki vini apre dat mwen te rapòte pèt la, ajans lan p ap ranplase avantaj SNAP la.

Siyati	Dat
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*Tanpri tounen fòm sa ranpli nan Depatman Sèvis Sosyal Konte (SSD) zòn lakay ou oswa pou rezidan NYC ale sou sit entènèt HRA pou jwenn yon lis sant lokal ki pi pre w.