

STATEMENT OF LOSS/REPLACEMENT REQUEST

PURPOSE: To provide a statement of loss when food purchased with food stamp benefits is destroyed in a household misfortune.

NOTE: This form is NOT to be used when a household reports:

- loss of food stamp benefits after making a report of a lost or stolen EBT card, or
- loss of food stamp benefits because a manual voucher was not authorized by the household.

NUMBER OF COPIES AND DISPOSITION: Original and one copy to be prepared with ball point pen or typewriter. File the original in the food stamp case record. Send the copy to the Food Stamp Program and Policy Unit in Central Office immediately. The Food Stamp Program and Policy Unit will use the copy to check incidences of duplicate issuances and for investigative purposes. Use the original copy to identify repeated claims of loss.

INSTRUCTIONS FOR COMPLETION

IDENTIFICATION

1. Name: Enter the complete name of the food stamp head of household. The person completing the form does not have to be the head of the household. S/he can be a household member or an authorized representative.
2. Pay County and DCN: Enter the number of the county from which the form is originating. Enter the DCN of the head of the food stamp household.
3. Current Address: Enter the complete current street name and apartment number (if applicable) of the household.
4. Enter the complete city, state, and zip code of the household.
5. FPAY Issuance Information: Enter the information from the FPAY screen that identifies the issuance for which replacement is requested.
6. Date Loss Reported: Enter the date the household initially reported the loss.

7. Date IM-110 Completed: Enter the date the IM-110 is completed by the household member or authorized representative.

REASON FOR LOSS

8. Complete based on the amount and reason for the loss.

Documentation of the loss may be obtained from collateral contact, police report, landlord, newspaper, or any other available form. List and attach the documentation.

SIGNATURE

After discussing the information contained in both the "To the Household" and the "Signature" sections with the household member or authorized representative, sign and date the form.

REPLACEMENT

9. Check the applicable box and complete the other lines as appropriate.
10. Enter the date the FISU replacement is made.
11. Enter the amount of the FISU replacement.