



**MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
REPLACEMENT REQUEST**

DATE REQUEST RECEIVED BY FSD

Identification: Instructions available on back of form

NAME - SNAP HEAD OF HOUSEHOLD	RESIDENCE COUNTY	DCN
CURRENT ADDRESS	SOCIAL SECURITY NUMBER	DATE OF BIRTH
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	PHONE NUMBER	ALTERNATE PHONE NUMBER

Customer statement / reason for loss:

This Household Reports:

Food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits was destroyed in a household misfortune.

My Missouri EBT card is lost, stolen, or not received, and SNAP benefits were used without my permission.

SNAP benefits were removed from my EBT account through a manual voucher transaction without my permission.

If loss is not reported within ten days of the loss, or this statement is not signed and returned within ten days of the date the loss is reported, no replacement will be made.

AMOUNT OF LOSS REPORTED	DATE OF LOSS	DATE LOSS REPORTED TO FSD	DATE REPLACEMENT REQUEST FORM COMPLETED	UTILITY PROVIDER
-------------------------	--------------	---------------------------	-----------------------------------------	------------------

Please describe the circumstances surrounding the loss of SNAP benefits:

Verification of loss:

FSD must verify all losses of SNAP benefits.

To the household:

For all replacement requests of SNAP benefits lost from the EBT card:

- ✓ If the above benefits were used by anyone residing in or visiting your household or by your authorized representative, no replacement will be made.
- ✓ If benefits are lost prior to a report of a lost or stolen Missouri EBT card, unless lost prior to receipt of the card by the household, a replacement will not be made.
- ✓ If someone accesses benefits without permission from the household, a replacement will not be made unless benefits are accessed after the report of a lost or stolen card.

Signature Section:

I hereby certify, under penalty of perjury and/or fraud, that food purchased with SNAP benefits was lost, or that SNAP benefits were removed from an EBT card without permission. I understand that if I make fraudulent statements about a loss of food or benefits, I may be ineligible to continue in the SNAP and may be liable to prosecution under both Federal and State laws.

▶ Electronic Signature Terms and Conditions (box below must be checked to indicate agreement if signing electronically):

I have agreed to sign this replacement request by electronic means. By signing this replacement request electronically, I certify under penalty of perjury that all declarations made in this replacement request are true, accurate, and complete, to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. ▶

DATE	SIGNATURE OF PERSON REQUESTING REPLACEMENT
------	--------------------------------------------

Send your signed and completed Replacement Request by upload, fax, or mail to:

- Upload: mydssupload.mo.gov
- Fax: 573-526-9400
- Family Support Division
PO BOX 2700
Jefferson City, MO 65102

Instructions for completion:

Enter the information for the head of the SNAP household. The person completing the form does not have to be the head of the household. They can be a household member or an authorized representative.

Customer Statement / Reason for Loss:

- Amount of Loss: Enter the dollar amount of food or benefits lost.
- Date of Loss: Enter the date the household experienced the loss of benefits.
- Date Loss Reported to FSD: Enter the date the household first contacted FSD to report the loss.
- Date Replacement Request Form Completed: Enter the date the IM-110 is completed by the household member or authorized representative.
- Utility Provider: Enter the name of the household's electric provider if the misfortune was caused by a loss of power.

Please Describe the Circumstances Surrounding the Loss of SNAP Benefits:

- Enter an explanation to best describe how the benefits were lost

Verification of loss:

- Please provide any documentation you have to support your replacement request. Please include the name and phone number of any individual or agency contacted to document the household misfortune. If using a newspaper, enter the name and date of the publication.

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, audiotope, 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:
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

NOTE: Please do not send any application materials to the address above. The address above is for civil rights complaints only.

You can return your application to any FSD office, by upload, or by fax.

- Uploading your application: Visit mydssupload.mo.gov to upload a copy of your completed application.
- Fax: 573-526-9400