

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: Do NOT use this form when an eligibility unit (EU) reports loss of food stamp benefits including a lost or stolen EBT card, unauthorized use of the EBT card, or loss of food stamp benefits because the EU did not authorize a manual voucher. For these reasons complete form [IM-113, Replacement Request/Affidavit for Food Stamp Benefits Lost From an EBT Account](#).

MANUAL REFERENCE: [Food Stamp Manual Section 1150.000.00 – 1150.005.10](#)

NUMBER OF COPIES: Make three copies of the PDF or WORD version, or use the carbonless tri-copy version.

To download and print the PDF version,

- go to [Family Support Division \(FSD\) Intranet site](#),
- select [Food Stamps](#),
- under Forms select [Forms Manual](#) from the drop-down list,
- select [Volume 2](#), and
- select PDF version of form [IM-110](#).

To complete the WORD version,

- go to [D:\FSFORMS](#) and
- select the [IM-110](#).

DISPOSITION:

After the food stamp benefits are reissued, or a decision has been made to deny replacement,

- file the original in the food stamp case record,
- give a copy to the EU, and
- send a copy to the Food Stamp Program and Policy Unit.

Use the original copy to identify repeated requests for replacement of lost benefits. The Food Stamp Program and Policy Unit reviews the requests to track replacements and identify areas of concern for further investigation.

Notify the EU of the decision on the [IM-112, Action on Your Food Stamp Case](#).

INSTRUCTIONS FOR COMPLETION

IDENTIFICATION:

1. **NAME:** Enter the complete name of the head of the food stamp EU. The person completing the form does not have to be the head of the EU. S/he can be an EU member or an authorized representative.

2. PAY COUNTY: Enter the name or number of the pay county.
3. DCN: Enter the Departmental Client Number (DCN) of the head of the EU.
4. SOCIAL SECURITY NUMBER: Enter the Social Security Number of the head of the EU.
5. DATE OF BIRTH: Enter the date of birth of the head of the EU.
6. LOAD NUMBER: Enter the load number of the eligibility specialist (ES).
7. SCN: Enter the supercase number (SCN) of the EU.
8. CURRENT ADDRESS: Enter the complete current residence address (street, number, apt. number, etc.) of the EU.
9. CITY, STATE, ZIP CODE: Enter the complete city, state, and zip code of the EU.
10. PAYHIST ISSUANCE INFORMATION (MONTH/YEAR; PAYROLL/ISSUANCE NUMBER AND AMOUNT): Enter the information from the Payment History (PAYHIST or FM5F) screen that identifies the issuance for which the replacement is requested.
11. DATE CLIENT REPORTED LOSS: Enter the date the EU initially reported the loss.
12. DATE IM-110 COMPLETED: Enter the date the IM-110 is completed by the EU member or authorized representative.

REASON FOR LOSS

13. Enter the dollar amount of the food that was destroyed. Documentation of the loss may be obtained from a collateral contact, police report, landlord, newspaper, or any other available form.
14. DOCUMENTATION/DESCRIPTION OF LOSS (INCLUDE NAME OF COLLATERAL CONTACT OR COMMUNITY AGENCY): Enter 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.

SIGNATURE SECTION

After reviewing and discussing all information on the form including the statements in TO THE HOUSEHOLD and SIGNATURE SECTION with the person reporting the loss, the person reporting the loss and the agency representative sign the form and enter the date the form is signed.

FOR OFFICE USE ONLY

REPLACEMENT

15. APPROVED/DENIED: Check the applicable approved/denied box. If denied, explain why.
16. DATE: Enter the date of the approval/denial decision.
17. AMOUNT OF REPLACEMENT ISSUED BY COUNTY OFFICE: Enter the amount of food stamp benefits replaced by the county office.
18. DATE REPLACEMENT ENTERED IN SYSTEM: Enter the date the replacement is entered in FAMIS.
19. NAME OF INDIVIDUAL ENTERING REPLACEMENT ISSUANCE IN SYSTEM: Enter the name of the individual who completed the replacement issuance in FAMIS.

Refer to the [Replacing Food Destroyed by a Household Misfortune](#) user guide for instructions on replacing food stamp benefits.