



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
REPLACEMENT REQUEST

DATE REQUEST RECEIVED IN STATE OFFICE	DATE REQUEST RECEIVED IN COUNTY OFFICE
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THIS ELIGIBILITY UNIT REPORTS:

- Food I purchased with Food Stamp benefits was destroyed in a household misfortune.
- My Missouri EBT card is lost, stolen, or not received, and Food Stamp benefits were used without my permission.
- Food Stamp 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.

IDENTIFICATION

NAME		PAY COUNTY		DCN	
CURRENT ADDRESS		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
AMOUNT OF LOSS REPORTED	DATE OF LOSS	DATE EU REPORTED LOSS	DATE REPLACEMENT REQUEST COMPLETED	UTILITY PROVIDER	

CLIENT STATEMENT

VERIFICATION OF LOSS (COMPLETED BY COUNTY)

TO THE HOUSEHOLD

FOR ALL REPLACEMENT REQUESTS OF FOOD STAMP BENEFITS LOST FROM THE EBT CARD:

- If the above benefits were used by anyone residing or visiting in 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 I have lost food purchased with Food Stamp benefits, or that Food Stamp benefits were removed from my EBT card without my permission. I understand that if I make fraudulent statements about my loss of food or benefits, I may be ineligible to continue in the Food Stamp Program and may be liable to prosecution under both Federal and State laws.

DATE	SIGNATURE OF PERSON REQUESTING REPLACEMENT ▶
DATE	SIGNATURE (AGENCY) ▶

REPLACEMENT DETERMINATION

<input type="checkbox"/> Replacement Approved <input type="checkbox"/> Replacement Denied (reason): <input type="checkbox"/> Documentation not received. <input type="checkbox"/> Not reported within 10 days of loss. <input type="checkbox"/> Signed form not received in county office within 10 days of report. <input type="checkbox"/> Original benefits used by EU or Authorized Representative <input type="checkbox"/> Benefits lost prior to report of lost/stolen card, and not lost prior to receipt of card by EU.	<input type="checkbox"/> Report of lost/stolen card not made. <input type="checkbox"/> Manual voucher completed by member of the EU or Authorized Representative. <input type="checkbox"/> Other:
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REPLACEMENT APPROVED – COMPLETED BY AGENCY

AMOUNT REQUESTED	AMOUNT REPLACED	DATE OF DECISION
PERSON MAKING DECISION		DATE ENTERED INTO SYSTEM