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Missouri Department of SOCIAL SERVICES

DATE REQUEST RECEIVED BY FSD

REPLACEMENT REQUEST

Instructions available on back of form

Identification:

NAME	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
  615 E 13th St
  Kansas City, MO 64106

Instructions for completion:

Purpose: To provide a statement of loss when food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits is destroyed in a household misfortune.

Identification:

- Name: Enter the complete name of the head of the SNAP 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.
- Residence County: Enter the name or number of the county where the household resides.
- DCN: Enter the Departmental Client Number (DCN) of the head of the household (if known).
- Current Address: Enter the complete current residence address (street, number, apt. number, etc.) of the household.
- Social Security Number: Enter the Social Security Number of the head of the household.
- Date of Birth: Enter the date of birth of the head of the household.
- Mailing Address: Enter the address where the household receives mail (if different than the current address).
- Phone number: Enter the phone number of the household.
- Alternate phone number: Enter an alternate phone number (if available).

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 a description 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.

Signature Section:

- After reviewing and discussing all information on the form including the statements in **To The Household** and **Signature** sections, the person reporting the loss should sign and date the form.

Electronic Signature Terms and Conditions:

- If signing electronically, you must review the Electronic Signature Terms and Conditions and accept them by clicking the box before filling in the name of the person completing the form on the signature line.

STOP! The section below is for FSD use ONLY!

Replacement determination:

☐ Replacement Approved ☐ Replacement Denied (reason): ☐ Documentation not received. ☐ Not reported within 10 days of loss. ☐ Signed form not received in county office within 10 days of report. ☐ Original benefits used by household or Authorized Representative.	☐ Benefits lost prior to report of lost/stolen card, and not lost prior to receipt of card by household. ☐ Report of lost/stolen card not made. ☐ Manual voucher completed by member of the household or Authorized Representative. ☐ Other:

Replacement approved:

VERIFICATION OF LOSS PROVIDED			
AMOUNT REQUESTED	AMOUNT REPLACED	DATE OF DECISION	DATE ENTERED INTO SYSTEM
PERSON MAKING DECISION			DATE IM-112 SENT TO HOUSEHOLD

Replacement issuances must be provided to households within ten days of reporting the loss or within two days of receiving the completed and signed IM-110 Replacement Request, whichever date is later. For replacement decisions made and entered by an agency representative, the original IM-110 **must** be scanned and indexed following local procedures. FSD Staff should notify the household of the decision on the IM-112 Action Taken on Your Supplemental Nutrition Assistance Program (SNAP) Case Form, a copy of which should be retained for the casefile.