

STATEMENT REQUESTING REPLACEMENT OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

Step 1: Fill out the information in this box

Name (First, Middle Initial, Last)		Case Number or SSN
Address	City, State, Zip Code	Phone Number
For County JFS Office Use Only - Date Form was Received from the Assistance Group		Date of Food Loss

Step 2: Please fill in the replacement amount

I am requesting the replacement of \$_____ worth of **food purchased with SNAP Benefits** that was destroyed in a disaster or misfortune.

Note: You may be required to provide verification of the disaster or misfortune.

Step 3: Please explain what happened

Please use the space below to explain how the loss occurred and remember to attach your proof. If you need more space, write your answers on an extra piece of paper and attach it to this form.

Step 4: Please review and sign

I acknowledge that if this statement is not signed and returned to the county JFS office within 10 days of the Food Loss date reported above, the county JFS office shall not replace the loss of SNAP benefits. I certify that I am aware of the penalties for intentional misrepresentation of facts, including but not limited to perjury for a false claim. I understand that the county JFS office has 10 days from the date I reported this loss or 2 working days from when I completed this form, whichever is later, to issue any replacement of SNAP benefits unless the request is denied or delayed.

Signature _____


Date _____

Step 5: Submit This Form to Your County JFS Office by:

- **Online:** Use your online account or create an account at ssp.benefits.ohio.gov. You can also search for your county JFS office at jfs.ohio.gov/County/
- **Mail:** Mail the requested information to your county JFS office
- **In-person:** Visit your county JFS office

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, audiotape, 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:**



Mail:

Food and Nutrition Service, USDA 1320
Braddock Place, Room 334 Alexandria,
VA 22314; or



Fax:

833-256-1665 or 202-690-7442; or



Email:

FNSCivilRightsComplaints@usda.gov

This institution is an equal opportunity provider.

Please do not send information, such as applications or verifications, to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. Please send application materials or verifications to your local county JFS office.