

**Georgia Department of Human Services
FOOD LOSS REPLACEMENT FORM**

Name _____ County _____

Address _____ CL # _____
_____ AU # _____

Phone number _____ where you can be reached.

My household has lost food in the amount of \$ _____. I used my EBT card (Food Stamp benefits) to buy food that was spoiled or lost because of a power outage of 4 or more hours or other property damage during the disaster.

I here by certify, under penalty of perjury, that my household suffered food loss because of a disaster on _____ (date).

I further certify that at the time of the disaster I lived at the address shown above.

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

PENALTY WARNING

I understand the questions on the form and the penalties for hiding information or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I understand that I have the right to request a fair hearing if I am not satisfied with the action taken on my behalf.

Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Disposition:

_____ Approved Replacement Amount \$ _____

_____ Denied: Reason Denied _____

Date _____

Worker Signature: _____