

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

**REQUEST FOR REPLACEMENT OF FOOD STAMP COUPONS
OR FOOD PURCHASED WITH FOOD STAMP BENEFITS**

I am requesting replacement as follows (Check One):

My Food Stamp Coupons were destroyed in a household misfortune or disaster on (Date) _____ . The amount destroyed was \$ _____

How were the Food Stamps destroyed? Please explain.

The food I bought with Food Stamp benefits was destroyed in a household misfortune/disaster on (Date) _____ . The amount destroyed was \$ _____

How was the food destroyed? Please explain.

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS FORM. YOUR SIGNATURE MEANS THAT YOU UNDERSTAND YOUR RIGHTS AND RESPONSIBILITIES AND THAT THE INFORMATION ON THIS FORM IS CORRECT. IF YOU HAVE QUESTIONS, PLEASE ASK YOUR WORKER TO EXPLAIN WHAT YOU DO NOT UNDERSTAND BEFORE YOU SIGN.

I understand the penalties for knowingly giving wrong information. These penalties include repayment of the amount unlawfully received, not being able to receive Food Stamps for a period of time, and a charge of perjury for a false claim.

I understand that this form must be filled out, signed and returned to the Department within 10 days of the date I reported the loss to the Department. If this is not done, I understand the Department will not replace my Food Stamps or destroyed food.

I understand that if I later recover the destroyed Food Stamps that were replaced, I must return the original issuance to the Department.

I understand that all replacements will be issued into my EBT account.

(SIGNATURE)

(DATE)

PLEASE PRINT THE INFORMATION BELOW

NAME: _____

CASE NUMBER: _____

ADDRESS: _____

ADDRESS: _____ PHONE NUMBER: _____