

Janet T. Mills  
Governor

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Commissioner



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### SNAP LOSS & REPLACEMENT FORM

**This form must be returned within 10 days of report to be eligible for replacement SNAP.**

#### Household information

Client Name: \_\_\_\_\_ Case ID or Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Information about the loss

Benefits or food destroyed after receipt can be replaced by the Department if the loss was due to a “household misfortune”. Household misfortune may include, but is not limited to, fire, flood, storm, loss of electricity (for any reason, including disconnections), equipment failure, and special disaster declarations.

Date of loss/outage: \_\_\_\_\_ Value of lost food: \_\_\_\_\_

Address of loss/outage: \_\_\_\_\_

County of loss/outage: \_\_\_\_\_

Describe the incident in the box below – include as much relevant information as possible including:

- what caused the loss
- length of power outage, if applicable
- name of utility provider and account #
- name on account if different than above

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I certify under penalty of perjury and/or fraud that food purchased with SNAP benefits was destroyed in a household misfortune. I hereby request a special allotment of SNAP benefits as a replacement for benefits/food lost or destroyed after issuance.

Signature of client: \_\_\_\_\_ Signature date: \_\_\_\_\_

**To return this completed form:** Upload at [mymaineconnection.gov](http://mymaineconnection.gov), e-mail it to: [farmington.dhhs@maine.gov](mailto:farmington.dhhs@maine.gov), mail it to: Farmington District Office 114 Corn Shop Lane Farmington, Maine 04938, or bring it to a Regional OFI office: <https://www.maine.gov/dhhs/about/contact/offices>

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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:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

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