

**Georgia Department of Human Services
Division of Family and Children Services
FOOD LOSS REPLACEMENT FORM**

Name _____

County _____

Address _____

CL ID # _____

CASE # _____

Phone number _____ where you can be reached.

Email address _____ where you can be reached.

My household has lost food in the amount of _____.

I used by 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 hereby 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.

By checking this textbox and typing my name below, I am electronically signing my food loss form.

First Name

Middle Initial

Last Name

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FOR OFFICE USE ONLY

Disposition:

_____ Approved Replacement Amount \$ _____

_____ Denied: Reason Denied

Date _____

Worker Signature: _____