RI SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
Request for Replacement of Food Purchased with SNAP SUN Bucks Benefits

Name	Phone Number	Address: Street, City/Town
Case Number/Social Security Number		DHS Office Select Office Location

INSTRUCTIONS

Please use this form to request replacement of Summer EBT (SEBT or SUN Bucks) benefits destroyed in a household misfortune or disaster occurring within 122 days from the date of the SEBT issuance. This form must be signed and returned within 10 days of the date the loss of food was reported to the RI Department of Human Services or benefits will not be replaced.

- Please provide proof of reported loss at the address of the SNAP SUN Bucks recipient. Someone with knowledge of your loss (including but not limited to, landlords, staff of community agencies, fire department, housing authorities and neighbors) may complete Page 2 of this form to be submitted as proof of your food loss.

Please drop off, mail or fax your completed form to your local DHS office, locations listed at **www.dhs.ri.gov**. For questions, please call the **RI DHS at 1.855.MY.RIDHS (1.855.697.4347)**.

CERTIFICATION

I, _____, am the head of household or an authorized representative for the above-named case and wish to report the following to the Department of Human Services.

My household experienced a misfortune/loss in the amount of $ _____ of food purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, destroyed as a result of:

☐ A power outage ☐ A flood ☐ A fire ☐ Other disaster (please describe) _____

NOTE: The request for replacement cannot be more than the SUN Bucks issuance amount and must be for food purchased with SUN Bucks benefits that was destroyed in a household misfortune/loss. Your requested amount must be reduced by the value of non-perishable items that were not destroyed.

I first made DHS aware of this food loss by *(check one)*:

☐ Completing this form

☐ Calling _____ on _____
DHS *Staff person name (if known)* *date*

☐ Other: _____

I certify that I have provided true and accurate information. I understand that if I misrepresent the facts, I will be subject to penalties including but not limited to a charge of perjury for a false claim and/or for fraud.

_____ _____
Signature **Date**

SNAP 55-S (SUN Bucks) Receipt
(Keep this receipt for your records)

CASE NAME: _____

DHS STAFF NAME: _____

DHS STAFF SIGNATURE: _____

DHS LOCATION RECEIVED: Select Location Received

DATE: _____

RI SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
Request for Replacement of Food Purchased with SNAP SUN Bucks
Disaster/Loss Verification

I have knowledge of the food loss reported by:

SNAP Sun Bucks Recipient: _____
(name)

_____
(address)

occurring on_____
(date of food loss).

The household misfortune/loss was (please describe): _____
_____
_____

By signing below, I verify the above-named SNAP recipient experienced a loss of food. I have provided my contact information so DHS may reach me if there are questions about my verification.

Signature _____ Date _____

Printed name _____

Phone _____

Address _____

_____