



Request for Replacement SNAP Benefits Due to Household Disaster or Misfortune for Massachusetts Residents

Give this form to DTA

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Instructions

If you lost food that you bought with your SNAP benefits because of a fire, flood, loss of electricity, broken refrigerator/freezer, or other disaster, we may be able to replace your SNAP benefits. The most we can replace is one month of SNAP.

To request replacement SNAP:

- You must report the loss within 10 days of the food loss. You can do this by phone or in writing. If you get cash benefits, call your case manager. If you only get SNAP, call us at 1-877-382-2363. You can also mail or fax your report using the address or fax number in the box above.
- You must then complete this form and submit it to DTA. DTA must get it within 10 days after you reported the loss of food. (If you submit this form within 10 days of the food loss, you do not need to make a separate report first.)
- DTA will confirm what happened by contacting a third party or visiting your home and will issue replacement SNAP if you are eligible.
- DTA must issue replacement SNAP quickly: either within 10 days of getting your report of the food loss, or within 2 business days of getting the completed form – whichever is later.



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Client's name _____ Client ID or last 4 of SSN _____

Address _____ Date _____

(_____) _____ - _____
Phone Number

I lost food bought with my SNAP benefits worth \$ _____ because of a household disaster or misfortune that happened on ____/____/_____.

The household disaster/misfortune was: _____

The information I gave is true to the best of my knowledge. I understand that making a false or misleading statement on this form on purpose could be a crime (perjury) or an Intentional Program Violation (IPV). A person found to have committed an IPV will be ineligible for SNAP for 1 year for the first IPV, 2 years for the second IPV, and permanently for the third IPV.

Client signature _____ /_____/_____
Date

For DTA only. DTA confirmed the household disaster or misfortune by:

- Home Visit on ____/____/_____
Date
- Collateral Contact with _____ on ____/____/_____
Date
- Documentation from _____ on ____/____/_____
Community Agency Date

Department Representative _____ /_____/_____
Date

This institution is an equal opportunity provider.