GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services

DIVISION OF FAMILY ASSISTANCE

Request for Replacement SNAP Benefits Due to Household Disaster or Misfortune

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 benefits.**

To request replacement:

• You must report the loss within 10 days of the food loss. You can do this by phone or in writing.
• Complete the request form and submit it to the district office within 10 days after you reported the loss of food.
• You can mail. email or fax the form using the agency contact information listed below.
• DHS will attempt to confirm what happened by contacting a third party. If DHS is unable to verify what happened, you will need to submit documentation verifying the loss of food. DHS will issue replacement SNAP benefits if you are eligible.

ST. CROIX, VI	**ST. THOMAS/WATER ISLAND, VI**	**ST. JOHN, VI**
Department of Human Services Certification Office 4102 Mars Hill Frederiksted, VI 00840-3376 Ph. (340) 772-7100, Ext. 7159/7192, (340) 772-7120 E-Mail: certoffice.stx@dhs.vi.gov	Department of Human Services Certification Office 1303 Hospital Ground, Ste. 1 St. Thomas, VI 00802-6722 Ph. (340) 774-0930 or (340) 774-2399 E-Mail: certoffice.stt@dhs.vi.gov	Multi-Purpose Building, 300 Enighed and Contant Cruz Bay, St. John Email: certoffice.stt@dhs.vi.gov Phone: 340-776-6334 **MAILING: Please use the St. Thomas mailing address**

.

Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services

DIVISION OF FAMILY ASSISTANCE

Request for Replacement SNAP Benefits Due to Household Disaster or Misfortune

_____ _____

Case name Case Number

_____ _____

Home Address Contact Number

_____

Mailing Address

I lost food bought with my SNAP benefits worth $_____ due to a household disaster or misfortune that happened on _____/_____ / _____.

month day year

I lost my food on _____/ _____/_____

month day year

The household disaster/misfortune was:

_____

_____

Certification

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 benefits for 1 year for the first IPV, 2 years for the second IPV, and permanently for the third IPV.

I understand I have the right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

Print Name _____

Signature _____ Date _____

Relation to Household:

( ) Head of Household

( ) Household Member

( ) Authorized Representative

Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.