

FS-70
02/16

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

Date: _____
Case Number: _____

REQUEST FOR SNAP REPLACEMENT

Name:	Case Number:	County:	Type of SNAP Benefits:
Address:		Phone Number:	
Request Date:		Name of person or agency that can verify loss:	
Incident Date:		Phone Number:	
Explain how the household food was destroyed:			

AFFIDAVIT

I hereby certify, under penalty of perjury and fraud, that the household listed above had \$_____ worth of food purchased with SNAP benefits destroyed in the manner listed above for the month of _____.

I UNDERSTAND THAT IF I MAKE FRAUDULENT STATEMENTS ABOUT FOOD PURCHASED WITH SNAP BENEFITS BEING DESTROYED, I MAY BE INELIGIBLE TO CONTINUE IN THE SNAP AND MAY BE LIABLE TO PROSECUTION UNDER BOTH FEDERAL AND STATE LAWS.

I UNDERSTAND THAT THE STATE AGENCY SHALL NOT REPLACE MY SNAP BENEFITS IF MY HOUSEHOLD FAILS TO SIGN OR COMPLETE A WRITTEN STATEMENT (FORM FS-70) WITHIN TEN (10) DAYS OF THE DATE THE LOSS WAS REPORTED.

SIGNATURE_____DATE_____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St, 5C-D, Frankfort, KY, 40621 or call (502) 564-7770 EXT. 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.

Follow these rules:

- **Do Not hide or give wrong information on purpose to get SNAP benefits.**
- **Do Not use SNAP benefits to buy non-food items like alcohol or tobacco.**
- **Do Not trade, sell or give away SNAP benefits.**
- **Do Not use someone else's SNAP benefits for yourself.**
- **Do Not use your SNAP benefits for someone outside of your household.**
- **Do Not use your SNAP benefits to pay on any kind of credit account even if it is for SNAP eligible food.**
- **Do Not sell food purchased with SNAP benefits.**

DO cooperate with state and federal personnel in a Quality Control review.