



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.

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.