

CASE NAME	LOCALITY
CASE NUMBER	DATE

FOOD REPLACEMENT REQUEST

In order for us to consider replacing the value of your destroyed food, you must complete and return this form. You must return the completed form within 10 days of the date the food was destroyed or within 10 days of the date above.

Case Name	Address
Value of the destroyed food	Was the destroyed food bought with SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
When was the food destroyed or damaged?	
How was food destroyed or damaged?	
<p>If your food was destroyed or damaged by a loss of electrical power, please provide the following information:</p> <p>Electric Power Company: _____</p> <p>Account Name: _____</p> <p>Account Number: _____</p>	
I certify that the household listed above experienced a destruction of food bought with SNAP benefits in the month of _____, 20_____.	
Signature	Date

The Virginia Department of Social Services is an equal opportunity provider.