

ATTESTATION AND VERIFICATION OF SNAP (FORMERLY FOOD STAMPS) HOUSEHOLD DISASTER

To get replacement Supplemental Nutrition Assistance Program (SNAP formerly Food Stamps) benefits for food destroyed in a disaster you must tell us about the disaster within 10 days of it happening. After you tell us about the disaster, use this form to attest to and prove the disaster (fire, flood, power outage, etc.) in which you lost food bought with SNAP benefits. You must complete both parts of this form. You must then return it to us **within 10 days of telling us about the disaster**. The dollar amount that is replaced will not be more than your monthly benefit allotment.

You must tell us the date of the disaster and the value of food lost. You must also give us proof of the disaster. Failure to do so could result in a denial or delay of you getting your replacement SNAP benefits.

PART A: REPLACEMENT SNAP BENEFITS REQUEST

| | |
|--------------------------------------|--------------------|
| Name of SNAP Household Member | Case Number |
| Street Address | Phone # |
| City/Town | State |
| Zip | |

I attest under penalty of unsworn falsification, pursuant to RSA 641:3, that I lost food bought with my household's SNAP benefits, due to _____ (example: fire, flood, power outage, etc.). I have read and understand the penalties for giving false information explained on the back of this form.

| | |
|-------------------------|--|
| Date of Disaster | \$ _____ Value of food lost that was bought with your SNAP benefits (If this number is higher than the amount of SNAP you got in the month of the disaster, you will only get the amount you got that month.) |
|-------------------------|--|

| | |
|---|-------------|
| Signature of SNAP Household Member | Date |
|---|-------------|

PART B: PROOF OF DISASTER (FIRE, FLOOD, POWER OUTAGE, ETC.)

You must give us proof that your household had a disaster. Do you have a letter from an agency, such as an insurance company, fire department, power company, or Red Cross? If so, you do not have to complete this part. That letter from the agency is proof of your disaster. If you include that letter when you return this form, you only need to complete Part A above. If you do not have a letter from an agency about your disaster, you must either:

- Have someone other than yourself fill out the box below. This person could be your landlord, neighbor, or any other person who is **not** a member of your SNAP household and knows about the disaster.

I attest under penalty of unsworn falsification, pursuant to RSA 641:3, that the above named person's statement is true and accurate to the best of my knowledge.

Printed name: _____ Phone number: _____

Relationship to household: _____

Signature: _____ Date: _____

OR

- If you cannot reach anyone who can fill out the above box, we can try to reach someone for you. Tell us the person's name, contact information, and relationship to you. This person may work for an agency, such as an insurance company, fire department, power company, or Red Cross. This person could also be your landlord, neighbor, or any other person who is **not** a member of your SNAP household and has knowledge of the disaster.

Name: _____ Phone #: _____

Relationship to you: _____

PENALTY WARNING

Return this form to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301
CentralizedScanUnit@dhhs.state.nh.us

Anyone who intentionally makes a false statement or misrepresents his or her circumstances may be found guilty of violating state law. The penalties are: a class A felony where the value of the monetary award or goods or services exceeds \$1,000; a class B felony where the value exceeds \$100; and a misdemeanor where the value does not exceed \$100. RSA 167:17-b and 17-c.

Anyone who commits an intentional program violation (IPV) in the Food Stamp Program will not get these benefits for 12 months for the 1st IPV, 24 months for the 2nd IPV, and permanently for the 3rd IPV. 7 CFR 253.8(b).

NOTICE OF RIGHT TO AN ADMINISTRATIVE APPEAL

You or someone representing you may request an Administrative Appeal if you are not satisfied with DHHS' decision to deny or delay the replacement of your lost benefits. Replacements will not be made while your appeal is pending. To request an Administrative Appeal, you can contact the Appeals Unit directly at 1-800-852-3345, extension 4292. You can also write your own letter to ask for an appeal. Send your written request to DHHS at 105 Pleasant Street, Concord, NH 03301-6521. You may represent yourself, have an attorney, or another person such as a relative or a friend to represent you at an Administrative Appeal. DHHS will not pay for the cost of any legal services you may want. However, there are free and reduced cost legal services available in NH. For information on these services or a referral, please call New Hampshire Legal Aid at 1-800-639-5290.

NONDISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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, audiotope, 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: [How to File a Complaint](#), 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:

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|---|---|
| (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 | (2) fax: (202) 690-7442; or |
| | (3) email: program.intake@usda.gov . |

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [SNAP Hotline](#).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.