

ATTESTATION AND VERIFICATION OF FOOD STAMP (FS) HOUSEHOLD DISASTER

To get replacement FS benefits for food destroyed in a disaster you must tell us about the disaster within 10 days of it happening. After telling 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 FS 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 FS benefits.

PART A: REPLACEMENT FS BENEFITS REQUEST

Name of FS 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 FS benefits, due to _____ (example: fire, flood, power outage, etc.), and that 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 FS benefits
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Signature of FS Household Member	Date
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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 FS 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 this 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 the Red Cross. This person could also be your landlord, neighbor, or any other person who is **not** a member of your FS household and has knowledge of the disaster.

Name: _____ Phone #: _____

Relationship to you: _____

PENALTY WARNING

Any person 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 cannot get these benefits for 12 months for the 1st violation, 24 months for the 2nd violation, and permanently for a 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, contact your local District Office or DHHS, 105 Pleasant Street, Concord, NH 03301-6521. Telephone (603) 271-4292 or 1-800-852-3345 ext 4292; TDD Access: Relay NH 1-800-735-2964 or 711. You may be represented by an attorney, yourself, or another person, such as a relative or friend, at an Administrative Appeal. DHHS will not pay for the cost of any legal services, but there are free and reduced cost legal services available in NH. For information on free or reduced-cost legal services, please call New Hampshire Legal Aid at 1-800-639-5290 and they may be able to help or refer you.