

State of Louisiana
Department of Children and Family Services
Statement Regarding Food Lost in a Household Misfortune

_____ Parish

Name and address:	Social Security Number:
Name of Authorized Representative:	
Office use only: Benefit Amount: Benefit Month: Issue No.:	

The undersigned states:

That he/she is the person named as head of household of the above-described certification, is a responsible member of the household, or is the authorized representative.

That food purchased with SNAP benefits was destroyed in a household misfortune due to:

- Flood Fire Power outage of at least 24 hours

Other Describe: _____

SPECIFY VALUE OF FOOD DESTROYED: \$_____

The undersigned is aware of the penalties for intentional misrepresentation of the facts including a charge of perjury for any false claim.

Typed or printed name of Head of Household or other Responsible Household Member

Signature of Head of Household or other Responsible Household Member

Typed or printed name of Authorized Representative

Signature of Authorized Representative