



# DSHS Claim of Food Lost in a Household Disaster

Client Identification Number

Client Name (please print)

Address where loss occurred

Please explain the cause of your loss or misfortune (please print)

Food purchased with basic food benefits issued to me was destroyed in a household disaster or misfortune.

Date of reported loss: \_\_\_\_\_, 20\_\_\_\_. Value of loss: \$ \_\_\_\_\_

I, \_\_\_\_\_, declare, under penalty of perjury, that the information provided in the statement above is true and accurate to the best of my knowledge. I understand that there are penalties for intentionally misrepresenting the facts, including, but not limited to, a charge of perjury for making a false claim.

Head of Household or Authorized Representative's Signature

Date

**Food purchased with Basic Food benefits that is lost in a household disaster, such as flood, fire, or extended power outage, may be replaced, up to a one-month benefit amount, if the loss is reported within 10 days of the date the food was destroyed. (WAC 388-412-0040)**

To file a claim a household member must:

- Report the loss verbally or in writing, **and**
- Complete, sign, and return this document **or** provide a signed statement attesting to the household's loss within 10 days of reporting the loss.

You can return this form by:

- Visiting your local Community Services Office during normal business hours.
- Mailing to P.O. Box 11699, Tacoma, WA 98411.
- Faxing to 888-338-7410.
- Using the drop-box where available at a local Community Services Office.

This institution is an equal opportunity provider.