| Text  Description automatically generated | 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. | | | | |