

**Georgia Department of Human Services  
Division of Family and Children Services  
FOOD LOSS REPLACEMENT FORM**

Name \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

CL ID # \_\_\_\_\_

\_\_\_\_\_

CASE # \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_ where you can be reached.

Email address \_\_\_\_\_ where you can be reached.

My household has lost food in the amount of \_\_\_\_\_.

I used by EBT card (Food Stamp benefits) to buy food that was spoiled or lost because of a power outage of 4 or more hours or other property damage during the disaster.

I hereby certify, under penalty of perjury, that my household suffered food loss because of a disaster on \_\_\_\_\_ (date).

I further certify that at the time of the disaster I lived at the address shown above.

If this statement is not signed and returned within ten days of the date the loss is reported, no replacement will be made.

**PENALTY WARNING**

I understand the questions on the form and the penalties for hiding information or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I understand that I have the right to request a fair hearing if I am not satisfied with the action taken on my behalf.

By checking this textbox and typing my name below, I am electronically signing my food loss form.

First Name

Middle Initial

Last Name

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**FOR OFFICE USE ONLY**

**Disposition:**

\_\_\_\_\_ Approved Replacement Amount \$ \_\_\_\_\_

\_\_\_\_\_ Denied: Reason Denied

\_\_\_\_\_

Date \_\_\_\_\_

Worker Signature: \_\_\_\_\_