



Washington State
Department of Social
& Health Services

Basic Food Affidavit Replacement for Household Disaster

AU IDENTIFICATION NUMBER		
STREET ADDRESS		
CITY	STATE	ZIP CODE

REASON FOR REPLACEMENT

I, _____, swear under oath and state the food purchased with Basic Food benefits issued to me for the month of _____, 20____ were destroyed in a household disaster.

Date of issue: _____, 20____.

Date of reported loss: _____, 20____. Value of loss*: \$ _____

* Replacement cannot exceed one-month allotment.

I state under penalty of perjury that the above statement is true. I understand that keeping two issuances for the same month may constitute fraud and result in my disqualification, fine, or imprisonment.

HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE
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TO BE COMPLETED BY FINANCIAL WORKER

1. ORIGINAL ISSUANCE NUMBER	2. DATE ORIGINAL BENEFITS ISSUED	3. AMOUNT OF BENEFITS TO REISSUE (CANNOT EXCEED ONE MONTH ALLOTMENT) \$
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4. SIGNATURE OF STAFF AUTHORIZING REPLACEMENT	DATE
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5. OFFICE NAME	6. OFFICE NUMBER
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