



Washington State
Department of Social
& Health Services

**Cadeeynta Cuntada Saldhiga
Dib u bedelida Dhibaataada Qoyska**

**Basic Food Affidavit
Replacement for Household Disaster**

AU LAMBARKA AQOONSIGA		
CIIWAANKA WADADA		
MAGAALADA	GOBOLKA	ZIP CODE

Sababta Bedelaada

Anigu , _____, waxaan ku dhaaranayaa sharciga sheegayaana in caawinaadii cuntada saldhiga ee la i siiyay bishii _____, 20_____ ay ku baabaday dhibaato xaga qoyska ah.

Taariikhda la sameeyay: _____, 20_____.

Taariikhda la soo sheegay dhumitaanka: _____, 20_____. Qiimaha dhumay*: \$ _____

* Bedelidu kama ay badan karto hal bil caawinadeeda .

Anigoo ku dhaaranaya sharciga gobolka in ay cadeeynta kore ay tahay mid sax ah. Anigu waan fahmay in haddii lagu siiyo labo mar bil gudaheeda ay tahay tuugo iyo ay keeni karto in aan u qalmi waayo mar dambe, ganaax, ama xabsi.

MADAXA QOYSKA AMA SAXIIXA WAKIILKA QOYSKA	TAARIIKHDA
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WAXAA BUUXINAYA SHAQAALAHA DHAQAALAHA (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) \$
4. SIGNATURE OF STAFF AUTHORIZING REPLACEMENT		DATE
5. OFFICE NAME		6. OFFICE NUMBER