REQUEST FOR REPLACEMENT DUE TO LOSS OF FOOD PURCHASED WITH SNAP BENEFITS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
SFN 270 (7-2011)

Clear Fields

Name			
Address at Time of Loss	City	State	ZIP Code
Current Address	City	State	ZIP Code
Case Number	Social Security Number		
County	Date of Loss	Amount of Loss	
Reason for Replacement			

PENALTY WARNING

Anyone in your household who intentionally violates any of the following rules may not get Supplemental Nutrition Assistance Program benefits for one year, two years or permanently. They may be fined, jailed or both.

The rules are:

DO NOT give false information or conceal information to receive or continue to receive Supplemental Nutrition Assistance Program benefits.

DO NOT give or sell Supplemental Nutrition Assistance Program benefits to anyone not authorized to use them.

DO NOT use Supplemental Nutrition Assistance Program benefits to purchase unauthorized items such as tobacco or alcohol.

I understand the penalties for concealing or giving false information. My household is in need of immediate Supplemental Nutrition Assistance Program benefits as a result of the loss. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge.

Client Signature	Date