REQUEST FOR REPLACEMENT SNAP BENEFITS DUE TO HOUSEHOLD MISFORTUNE OR DISASTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
SFN 270 (2-2025)

Instructions: Request for Replacement may be reported orally or in writing within 10 days from the date of loss, using one of the reporting options on page 2. This completed form **must** be returned within 10 days from the date of report. Further verifications may need to be provided.

Name	Telephone Number	Case Number	
Address at Time of Loss	City	State	ZIP Code
Current Address	City	State	ZIP Code

Reason for Misfortune or Disaster

☐ Loss Due to Fire ☐ Power Outage (4 or more hours) ☐ Household Appliance Malfunction
☐ Natural Disaster ☐ Stolen Card

Human Service Zone	Date Reported to Human Service Zone
Date of Benefits Loss/Discovery	Amount of Loss/Stolen Benefits

STOLEN EBT CARD

I reported my EBT card lost or stolen to ebtEDGE	Reported to police?
☐ No ☐ Yes - Date Reported:	☐ No ☐ Yes - Date Reported:

List the transactions that were not made by you (attach additional sheets if necessary)

Date of Transaction	Amount of Transaction	Retailer Name	Location (Address) of Transaction

List Here Any Additional Information

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 a household misfortune or 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 by checking this box and typing my name below, I am signing the Request for Replacement SNAP Benefits Due to Household Misfortune or Disaster and agree that my electronic signature is the legal equivalent of my handwritten signature.

Client Signature	Date

Where To Report and Return Completed Form Below

You may choose to print this Request for Replacement SNAP Benefits Due to Household Misfortune or Disaster and return your signed and dated form to your local Human Service Zone Office, these office locations can be found here: https://www.hhs.nd.gov/human-service/zones

OR

Submit by mail to:
Department Of Health and Human Services
Customer Support Center
PO Box 5562
Bismarck ND, 58506

OR FAX: (701)-328-1006

OR Email: **applyforhelp@nd.gov**

For questions call Customer Support Center at: 1-866-614-6005