



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

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
SFN 270 (7-2022)

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

I understand that by checking this box and typing my name below, I am signing the Request for Replacement Due to Loss of Food Purchased with SNAP Benefits agree that my electronic signature is the legal equivalent of my handwritten signature.

Client Signature	Date
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You may choose to print this Request for Replacement Due to Loss of Food Purchased with SNAP Benefits and submit your signed form by fax, mail or in person to:
Local Human Service Zone Office
See the Application for Assistance Guidebook at applyforhelp.nd.gov for a list of Zone Offices.