

REQUEST FOR REPLACEMENT FOODSHARE AND/OR SUMMER EBT BENEFITS

INSTRUCTIONS: If food you purchased with FoodShare or Summer EBT benefits was destroyed due to a misfortune or weather event, use this form to ask for replacement benefits. You must complete and submit this form within 10 days of losing food to notify us of your loss. If you have already told your agency you lost food, you have 10 days from that notification to submit this form.

You must be a current member of FoodShare to get replacement FoodShare benefits.

To get replacement benefits faster, submit documents that show what caused the food loss along with this form. This may include information provided by the fire department, the police, a community organization, or other sources of help. Proof of what caused food loss might not be needed when a state of emergency has been declared.

Submit this form in the way that's easiest for you.

Online

Log in or create an account at access.wi.gov. Fill out an online version of the form. Or, fill out this paper form, then scan and upload it.

To your agency

Call your agency to complete the form over the phone. Or, go to your agency and fill out the form in person. You can find your agency's phone number and address at dhs.wi.gov/im-agency.

By mail or fax

If you live in Milwaukee County:
MDPU
6055 N 64th St.
Milwaukee, WI 53218
Fax: 888-409-1979

If you do not live in Milwaukee County:
CDPU
PO Box 5234
Janesville, WI 53547
Fax: 855-293-1822

Summer EBT recipients who don't also get FoodShare benefits must submit this form via email to dhssebtsupport@wi.gov.

Member name – Member (Last, First, Middle Initial)	Case number and/or Summer EBT application number
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Describe what caused your food loss (for example, flooding, power outage, fire):

Did you receive Summer EBT this year? Yes No

Estimated value of lost food \$	Date of food loss: This may be different than the date of the incident that caused the food loss. For example, if your power went out, food was most likely lost the following day. A fire or flood may cause food loss on the same day.
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I understand the questions and statements on this page. I understand there are penalties for giving false information or breaking the rules for getting food benefits replaced. I certify under penalty of perjury and false swearing, that all my answers are correct and complete. I understand that the agency may contact people to get any information needed to fulfill my food benefits replacement request.

SIGNATURE – Applicant	Date signed
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Fair Hearings: You have the right to file a fair hearing request to appeal any action taken concerning your request for ongoing benefits if you do not agree with that action. Go to doa.wi.gov/RequestAHearing for information and to download the Request for Fair Hearing form. You can also ask for a fair hearing by writing to the **Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53708-7875, or by calling 608-266-7709.**

Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR) state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.