

REQUEST FOR REPLACEMENT FOODSHARE BENEFITS

INSTRUCTIONS: If you are a current FoodShare member and food you purchased with FoodShare benefits was destroyed due to a household misfortune or natural disaster, complete this form and submit it, along with proof* that your food was destroyed, using one of the following options:

Note: Completed form and proof must be submitted within 10 days of the loss.

 **Online**

Scan all pages of the form to the ACCESS website. You can do this through your ACCESS account, which you can log into at access.wi.gov.

 **Fax**

- If you live in Milwaukee County, fax the form to 888-409-1979.
- If you do not live in Milwaukee County, fax the form to 855-293-1822.

 **Mail**

If you live in Milwaukee County, mail the form to:
MDPU
PO Box 05676
Milwaukee, WI 53205

 **In Person**

Take the form to your agency. Your agency contact information is on the Wisconsin Department of Health Services (DHS) website at www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm

If you do not live in Milwaukee County, mail the form to:
CDPU
PO Box 5234
Janesville, WI 53547

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|---|-------------|
| Name – Member (Last, First, Middle Initial) | Case Number |
|---|-------------|

Describe how your food was destroyed (for example, flooding, power outage, fire):

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|---|--|
| Estimated Value of Destroyed Food \$ | Date Food Was Destroyed (this may be different than the date of household misfortune or natural disaster that destroyed the food. For example, if your power went out, food was most likely destroyed or spoiled the following day. A fire or flood may have destroyed food the same day.) |
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I understand the questions and statements on this form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of perjury and false swearing, that all my answers, are correct and complete to the best of my knowledge. I understand and agree to provide documents to prove what I have said. I understand that the local agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

| | |
|------------------------------|-------------|
| SIGNATURE – Applicant | Date Signed |
|------------------------------|-------------|

*Acceptable forms of proof can include information provided by the fire department, the police, a community organization, or other sources of help. Proof of destroyed food **might not be** needed when a state of emergency has been declared.

Fair Hearings: I understand I have the right to file a fair hearing request to appeal any action taken concerning my application or ongoing benefits if I do not agree with that action. I understand I can ask for a fair hearing by writing to: **Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53708-7875 or by calling 608-266-7709.** I may also contact the agency office where I applied and ask for a fair hearing verbally or in writing. I understand I can refer to the ForwardHealth Enrollment and Benefits handbook (P-00079) for more information.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.