

## REQUEST FOR REPLACEMENT FOODSHARE AND/OR SUMMER EBT BENEFITS

**INSTRUCTIONS:** If you are a current FoodShare member or a Summer EBT recipient and food you purchased with those benefits was destroyed due to a household misfortune or natural disaster, complete this form and submit it. You must report loss of food within 10 days. You have an additional 10 days from the date you reported the food loss to submit the completed form.

**Note:** To get replacement benefits faster, you may submit proof\* of the food loss along with this form.

**FoodShare members or FoodShare members who also get Summer EBT benefits must submit this form using one of the following options:**

 **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](https://access.wi.gov).

 **Mail**

If you live in Milwaukee County, mail the form to:  
MDPU  
6055 N 64th St.  
Milwaukee, WI 53218

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

**Summer EBT recipients who do not also get FoodShare benefits must submit this form via email to: [dhssebtsupport@wi.gov](mailto:dhssebtsupport@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.

 **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](https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm)

Name – Member or Recipient (Last, First, Middle Initial)

Case Number or Summer EBT Application Number

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

Did you receive Summer EBT this year?  Yes  No

Estimated Value of Destroyed Food  
\$

Date Food Was Destroyed

**Note:** 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 also destroyed food the same day.

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 or Summer EBT Support Team 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 request 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 or Summer EBT Support Team where I submitted this request 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.

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 (833) 620-1071, 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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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