

**Food Stamp Replacement During Household Disasters**

Electronic Benefit Transfer Unit  
 Email: **EBTMAIL** ([ebtmail@dcf.ks.gov](mailto:ebtmail@dcf.ks.gov))  
 Topeka  
 Fax: 785-296-6960  
 Phone: 785-368-8129

When food purchased with food stamp benefits is destroyed in a disaster (definition below), the participating household may be eligible for the replacement of the actual value of loss, not to exceed one month's food stamp allotment. The loss must also be reported within 10 days of the date the disaster occurred. Please see KEESM Appendix V.1. for additional information.

Date Disaster Occurred:	
Date Client Contacted DCF:	
Date Client Signed Statement Attesting to Damage:	
Date Client Informed of Penalties for Misrepresentation of Facts:	
Date DCF Verified and Documented Disaster:	
Worker Name:	
Worker's Phone number:	
County:	
Client's Full Name:	
Client's ID#:	
Client's Case#:	
Client's Address:	
Month of Replacement:	
Amount:	
Comments:	

**Disaster:** For purposes of replacing food destroyed in a disaster, a household disaster includes fire, flood, tornado and accompanying loss of electricity. A disaster would also include loss of electricity due to ice/thunderstorms and household misfortunes such as: appliance breakdowns, sewer back-ups and resulting flooding and other household misfortunes that result in loss of food purchased with food stamp benefits.

Statement of Loss of Food due to Disaster

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Disaster: \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated Dollar Value of Food Lost: \_\_\_\_\_

This is to verify that on the above date the stated event occurred and the above estimated dollar value of food was lost. This is a true and honest statement. I understand that misrepresentation of the facts may result in penalties and negative consequences.

Signed: \_\_\_\_\_