Food Assistance Request for Replacement During Household Disasters

Kansas Department for Children and Families

When food bought with SNAP Food Assistance or SUN Bucks benefits is ruined in a disaster (as defined below), the household may be eligible for replacement benefits. The loss must be reported within 10 calendar days of the disaster.

Definition of Disaster: For purposes of replacing food destroyed in a disaster, a household disaster includes fire, flood, tornado and accompanying loss of electricity. A disaster may also include loss of electricity due to ice storms or thunderstorms, household misfortunes, such as appliance breakdowns and sewer backups resulting in flooding; and other household misfortunes that result in the loss of food purchased with SNAP Food Assistance and SUN Bucks benefits.

Household Statement of Loss of Food Due to a Disaster

SECTION A: An adult household member, authorized representative or guardian MUST complete this section, sign it and return it to your local DCF office.

Name: _____

Case Number: _____ Date Disaster Occurred:_____

Event Type: _____

Address: _____ City: _____ Zip Code: _____

Estimated Dollar Value of Food Lost: $_____

Comments: _____

_____

_____

I certify, under penalty of perjury, that on the above date the stated event occurred, and the above estimated dollar value of food was lost. I understand that misrepresentation of the facts may result in penalties and negative consequences.

If DCF finds out that you have received, tried to receive or helped someone else receive assistance that you were not eligible for by providing false information, this could be considered a crime. This crime can be viewed as theft and can lead to serious consequences, including jail time, fines or both. You could also face prosecution based on state and federal laws.

Signature: _____ Date: _____

ES-3143
Rev. 11.2026

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FOR AGENCY USE ONLY

SECTION B: Agency staff MUST complete all information in this section and submit the complete form along with any documentation to EBT Unit.

Date Disaster Occurred: _____ Date Client Contacted DCF: _____

Date DCF Verified and Documented Disaster: _____

Client's Full Name: _____

Client's ID Number: _____ Client's Case Number: _____

Client's Address: _____ City: _____ Zip Code: _____

Month of Replacement: _____ Amount: $_____

Comments: _____

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