

REPLACEMENT OF NUTRITION ASSISTANCE (NA) BENEFITS – FOOD DESTROYED IN A DISASTER OR MISFORTUNE

This form is used to request replacement of food purchased with NA benefits due to disaster or misfortune beyond the control of the household. Examples of disaster or misfortune includes: a fire, flood, loss of electricity, broken refrigerator/ freezer, or other disaster or misfortune. The replacement amount cannot be more than one month of NA benefits.

The form is due no later than 10 calendar days after the date of the loss. The form may be returned by:

- Call: 1 (800) 432-7587, Monday through Friday, 7 a.m. - 6:00 p.m.
- Mail: Department of Economic Security PO Box 19009 Phoenix, AZ 85005-9009
- Fax: (602) 257-7031 or toll free to 1 (844) 680-9840
(Please add your name and case number to any verification you are providing.)
- In person: At any FAA Office

PARTICIPANT'S INFORMATION

Participant's Name *(Last, First, M.I.):* _____

AZTECS Case Number: _____ Date: _____

Phone Number: _____ Cell Phone Number: _____

DETAILS OF FOOD LOSS

Date of food loss: _____ The value of lost food purchased with NA benefits: \$ _____

Describe the disaster or misfortune that caused the loss of food purchased with NA benefits:

ATTESTATION AND SIGNATURE

This request for replacement cannot be completed without the signed attestation.

I hereby certify, under penalty of perjury and/or fraud, that food purchased with NA benefits was destroyed by disaster or misfortune beyond the control of my household. I understand that if I make fraudulent statements, I may be liable for an intentional program violation (IPV) or prosecution under both Federal and State laws.

Participant's or Authorized Representative's Signature: _____ Date: _____

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

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.