

Replacement SNAP Benefits Available for Families Affected by the Derecho

*Legal Aid Chicago Can Help
Families Apply*



Because of the wide-spread storm damage that moved through our area on August 10, 2020, many Illinois families lost power and were left with destroyed or spoiled food.

Those families receiving SNAP benefits (food stamps) can ask the Department of Human Services (DHS) for additional benefits to replace food that was destroyed. To qualify for food replacement, the power outage must have been at least four hours long.

Families must fill out and sign the required form (below) and DHS must receive it by **August 20, 2020**. If you have a Manage My Case account, you can upload the signed document there. Or you can email it to your local office.

If you need help completing the form, you can contact Legal Aid Chicago's Replacement SNAP Help Line at (312) 423.5919 or (312) 347.8307 (Spanish speakers).



State of Illinois
Department of Human Services

Request for Replacement of Destroyed Food

Date: _____

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NAME: _____
ADDRESS: _____
ADDRESS: _____
CITY, ST. ZIP _____

Case Number: _____
Office Name: _____
Office Address: _____
Phone: _____
TTY: _____
Fax: _____

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llame al 1-800-843-6154 (TTY 1-866-324-5553 TTY/Nextalk, 711 TTY Relay).

You can manage your account online at abe.illinois.gov

Section I (To be completed and signed by a SNAP Unit Member or Approved Representative)

I declare that \$ _____ in food I purchased with SNAP benefits was destroyed in a household disaster. I understand that if I falsify this report or misrepresent those facts, I will be subject to prosecution with a possible maximum penalty of \$10,000 and/or 5 years in prison.

Date Food Destroyed: _____

Description of Household Disaster: _____

Signature of Participant or Approved Representative: _____ Date: _____

Section II (To Be Completed by the Family Community Resource Center):
If customer reports that food was destroyed, make sure benefits were issued within 30 days prior to the disaster.

Effective Month of SNAP Benefits: _____

Amount of SNAP Benefits Issued: _____

Date SNAP Benefits Issued: _____

Date Loss Reported: _____

Verification of Household Disaster: _____

Replacement Request Approved: _____
Amount (can be no greater than the amount of SNAP benefits issued)

Replacement Request Denied: _____

Reason

Caseworker: _____ Date: _____

Supervisor: _____ Date: _____