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: ________________________________________________

Case Number: _______________________________________
Office Name: ________________________________________
Office Address: ______________________________________

Phone: _____________________________________________
TTY: _______________________________________________
Fax: _______________________________________________

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: ____________

IL.444-1989 (R-10-17) Request for Replacement of Destroyed
Food Printed by Authority of the State of Illinois - 0- copies

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