

**South Carolina Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)
AFFIDAVIT OF LOSS DUE TO A HOUSEHOLD MISFORTUNE**

Case Name: _____ Telephone No.: _____

Case No.: _____ County: _____

I hereby certify, under penalty of perjury and/or fraud that the food purchased with SNAP benefits for the month of _____ were destroyed on _____ as a result of (Please describe how the food was destroyed in the space below):

The value of the food destroyed was \$_____.

Client's Signature: _____ Date: _____

FOR DSS USE ONLY

Replacement of food authorized: (Attach verification)

Benefit Month: _____ Amount \$ _____

Replacement of food denied, reason:

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____