



DEPARTMENT OF TRANSITIONAL ASSISTANCE

October 29 Winter Storm Assistance SNAP Household Misfortune Replacement Benefits

November 2, 2011

Dear Community Partner:

A winter storm passed through Massachusetts on October 29, 2011, bringing significant damage to a number of communities. Heavy wet snow combined with significant wind conditions has caused widespread power outages due to downed trees across much of the Commonwealth.

SNAP replacement benefits

Households receiving SNAP may apply to the Department of Transitional Assistance (DTA) for SNAP “replacement benefits.” Affected households who receive SNAP benefits may request replacement of food lost due to household misfortune, such as an extended power outage, a flood, or an equipment failure (such as a refrigerator or freezer). Replacement is limited to the value of the food lost or damaged, not to exceed the total monthly SNAP benefit amount the household received.

Application deadline

Households must apply for replacement benefits within 10 days of the loss. Because the storm and power loss occurred on October 29 and 30, **households must apply by Wednesday, November 9.**

DTA has applied to USDA for an extension of this deadline. If it is granted, DTA will notify community partners as soon as possible.

Process for applying

To receive replacement benefits:

- Clients must report the loss of food by phone, in person or in writing to DTA within 10 days of the loss. We estimate that for most households, the loss would have occurred on October 29 or 30; therefore, they should apply by Wednesday, November 9.
- Return a signed and completed Statement of Loss/Request for Replacement Food Due to a Household Disaster or Misfortune (SNAP-9B) form (attached) within 10 days of the reported loss to the local DTA office. Note: If the tenth day falls on a weekend or holiday, and the statement is received the next business day, DTA will consider the request to be timely.
- Provide verification of the household misfortune.
- If the household lives in a community that DTA has verified had significant power outages, DTA will not require third party verification. Instead, households can simply submit the SNAP 9-B form (attached). The list of communities follows.





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- If the household does not reside in one of these communities, they must provide a verification of the household misfortune by a third party. Examples of third parties who can provide verification include the Red Cross, utility company, fire department or by a person outside of the household.

Cities and towns exempt from the requirement of third party verifications:

Acton	East Brookfield	Medfield	Southampton
Agawam	Easthampton	Millbury	Southborough
Amesbury	East Longmeadow	Monson	Southbridge
Amherst	Egremont	Montague	Southwick
Andover	Erving	Montgomery	Spencer
Ashby	Fitchburg	Mount	Springfield
Athol	Foxborough	Washington	Sturbridge
Auburn	Franklin	New Braintree	Sudbury
Ayer	Gill	New Salem	Sunderland
Barre	Goshen	Newbury	Sutton
Bedford	Grafton	Norfolk	Tewksbury
Belchertown	Granby	North Andover	Townsend
Berlin	Granville	North Brookfield	Tyngsborough
Bernardston	Hadley	Northampton	Upton
Billerica	Hampden	Northborough	Wales
Bolton	Hardwick	Northfield	Ware
Boxford	Harvard	Oakham	Warren
Brimfield	Hatfield	Orange	Warwick
Brookfield	Holland	Oxford	Wendell
Burlington	Hubbardston	Palmer	West Brookfield
Carlisle	Huntington	Pelham	West Newbury
Charlton	Lancaster	Pepperell	West Springfield
Chelmsford	Leicester	Petersham	Westborough
Chester	Leominster	Phillipston	Westford
Chicopee	Leverett	Plainville	Weston
Clinton	Lexington	Royalston	Whately
Concord	Leyden	Russell	Wilbraham
Deerfield	Lincoln	Rutland	Williamsburg
Douglas	Longmeadow	Salisbury	Worcester
Dover	Lowell	Sharon	Wrentham
Dracut	Ludlow	Sheffield	
Dudley	Lunenburg	Shirley	
Dunstable	Marlborough	Shutesbury	





**Statement of Loss/Request for Replacement Food
Due to a Household Disaster or Misfortune**

I, _____, of _____
(Name) (Street)
_____, Massachusetts
(City/ZIP)

EBT Card # _____ certify that I am in need of replacement food because
food I had purchased with my Supplemental Nutrition Assistance Program (SNAP) benefits, in the
amount of \$_____, was destroyed in a household disaster/misfortune.

The household disaster/misfortune that occurred on _____ was: (Explain)
(Date)

I certify under penalty of perjury that the information I have given in this statement is correct and true.
I understand that if I intentionally made a false or misleading statement about the destruction of my food
purchased with SNAP benefits, or misrepresent, conceal, or withhold any facts, I may be prosecuted for
an Intentional Program Violation. Prosecution for an Intentional Program Violation may result in my
ineligibility to participate in SNAP for a period of 12 months for the first violation, 24 months for the
second violation, and permanently for the third violation.

Head of Household Signature Date

Witness Signature Date

The occurrence of the household disaster/misfortune outlined above was confirmed by:

- Home Visit on _____
Date
- Collateral Contact with _____ on _____
Name Date
- Documentation from _____ on _____
Community Agency Date

Case Manager Date