



STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
FOOD ASSISTANCE PROGRAM

FOOD ASSISTANCE REPLACEMENT AUTHORIZATION

Under penalty of perjury and/or fraud, I certify that my household lost food due to spoilage because of damage or power outage caused by a fire or natural disaster. I purchased this food with food assistance benefits.

Customer Name: _____
Print Name

Address: _____

Case Number: _____

Value of food lost or destroyed (by fire or natural disaster): \$ _____

Date of loss, spoilage, or damage: _____

Phone number where we can reach you: _____

Customer Signature: _____

Date: _____

The customer must return this form in person, through the mail, or by fax. The form is due no later than 10 days after the date of the loss.