



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
**Department of Human Services**  
 DIVISION OF FAMILY ASSISTANCE

**Request for Replacement SNAP Benefits Due to Household Disaster or Misfortune**

**Instructions:**

If you lost food that you bought with your SNAP benefits because of a fire, flood, loss of electricity, broken refrigerator/freezer, or other disaster, we may be able to replace your SNAP benefits. The most we can replace is **one month of benefits**.

**To request replacement:**

- You must report the loss within 10 days of the food loss. You can do this by phone or in writing.
- Complete the request form and submit it to the district office within 10 days after you reported the loss of food.
- You can utilize the mail, email or dropbox to send the completed form using the agency’s contact information listed below.
- DHS will attempt to confirm what happened by contacting a third party. If DHS is unable to verify what happened, you will need to submit documentation verifying the loss of food. DHS will issue replacement SNAP benefits if you are eligible.

<p><b>ST. CROIX, VI</b>          Department of Human Services          Certification Office          4102 Mars Hill          Frederiksted, VI 00840-3376          Ph. (340) 772-7100, Ext. 7159/7192, (340) 772-7120          E-Mail: <a href="mailto:certoffice.stx@dhs.vi.gov">certoffice.stx@dhs.vi.gov</a></p>	<p><b>ST. THOMAS/WATER ISLAND, VI</b>          Department of Human Services          Certification Office          1303 Hospital Ground, Ste. 1          St. Thomas, VI 00802-6722          Ph. (340) 774-0930 or (340) 774-2399          E-Mail: <a href="mailto:certoffice.stt@dhs.vi.gov">certoffice.stt@dhs.vi.gov</a></p>	<p><b>ST. JOHN, VI</b>          Multi-Purpose Building,          300 Enighed and Contant          Cruz Bay, St. John          Email: <a href="mailto:certoffice.stt@dhs.vi.gov">certoffice.stt@dhs.vi.gov</a>          Phone: 340-776-6334  <b>MAILING: Please use the St. Thomas mailing address</b></p>
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Case name \_\_\_\_\_ Case Number \_\_\_\_\_

Home Address \_\_\_\_\_ Contact Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

I lost food bought with my SNAP benefits worth \$ \_\_\_\_\_ due to a household disaster or misfortune that happened on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
month day year

I lost my food on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
month day year

The household disaster/misfortune was:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

The information I gave is true to the best of my knowledge. I understand that making a false or misleading statement on this form on purpose could be a crime (perjury) or an Intentional Program Violation (IPV). A person found to have committed an IPV will be ineligible for SNAP benefits for 1 year for the first IPV, 2 years for the second IPV, and permanently for the third IPV.

I understand I have the right to a fair hearing to contest the denial or delay of a replacement issuance for my household. Replacements would not be issued pending the fair hearing decision.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Relation to Household:  
( ) Head of Household  
( ) Household Member  
( ) Authorized Representative

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