

In order to have your request considered, you must report your food loss within 10 days of the date you discovered your food loss. In addition, to have the cost of your food replaced, a household member must complete the Household Statement part of this form, including signature, and return it to the Iowa Department of Health and Human Services (HHS) office by _____. You can estimate the cost of your food loss.

Household Statement

By signing this form, I am saying I bought the food I lost with SNAP benefits, I want HHS to replace the cost of the food, I know and understand there are penalties for giving false information, and the following is true:

- Date of my food loss: _____
- I lost this amount of food: \$ _____
- I had the food loss because: _____

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. **It is important to print clearly.**

Name	Address
Phone Number	Email Address
Signature of Household Member	Date Signed

Decision on Request for Replacement - HHS Use Only

Case Name		Case Number	
Allotment in Month of Loss	Issue Date	Prior Month Allotment	Issue Date
Sources used to verify the event and/or situation which led to the food loss. This could include, but is not limited to, websites, news reports, power outage reports etc.			

To replace food, the household can get up to the amount of benefits they received in **either** the current month or the prior month. If the household reports their loss was more than their allotment for either month, they can only be reimbursed for one month's allotment. Document the issuance amount, including \$0. **The amount of replacement cannot be more than the amount the household claims as a loss.**

- A replacement of your spoiled food is approved for the month of _____.
The amount of the replacement is \$ _____.
- Your request for replacement of spoiled food is denied because _____

HHS Worker Signature	Date Signed
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You Have the Right to Appeal. An appeal is a request for a hearing regarding a decision made by the Iowa Department of Health and Human Services (HHS). You have the right to file an appeal if you disagree with a decision. You don't have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7]. You can appeal in person, by phone, or in writing for SNAP. To appeal in writing, you must do one of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/programs/appeals>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an *Appeal and Request for Hearing* form. You can get this form at your county HHS office.

Send or take your appeal to HHS, Appeals Section, 321 E. 12th St., Des Moines, IA 50319-1002. If you need help filing an appeal, ask your county HHS office. You or someone else, such as a friend or relative, can tell why you disagree with the HHS decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

How long do I have to appeal? For SNAP you have 90 calendar days from the date of a decision to file an appeal. If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending? You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. Any benefits you get while your appeal is being decided may have to be paid back if the HHS action is correct.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

You Will Not Be Discriminated Against It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status. If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: HHS, Bureau of Human Resources, 321 E. 12th St., Des Moines, IA 50319-1002 or via email FDHS@hhs.iowa.gov

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:** Food and Nutrition Service, USDA, 1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.