



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Sean Pearson, Deputy Secretary

Manual Revision Memorandum

ISD-MR 16-15

TO: ISD Employees
FROM: Sean Pearson, Deputy Secretary *SP*
RE: ISD 446 - Affidavit of Loss of Food Purchased with SNAP Benefits
DATE: September 14, 2016

Form ISD 446 has been updated and revised to aid in the process of replacing SNAP benefits when food purchased with SNAP benefits is destroyed through misfortune or disaster as per IPP 16-32.

Instruction:

Replace all previous versions of the form listed below:

Delete – ISD 446 *Food Stamp Program Affidavit of Non-Receipt or Destruction of Coupons*
Revised 11/1989

Replace with ISD 446 *Affidavit of Loss of Food Purchased with SNAP Benefits*
Revised 7/25/2016

If you have questions regarding this MR, please contact Marisa Vigil at (505) 827-1326 or via e-mail at marisa.vigil@state.nm.us or Anjali Pulagala at (505) 476-3661 or via e-mail at Anjali.Pulagala@state.nm.us.



AFFIDAVIT OF LOSS OF FOOD PURCHASED WITH SNAP BENEFITS

(Due to household misfortune or natural disaster)

Case Number	Name of Head of Household
Household Address	
City/Town/State/Zip Code	

I, _____ certify under penalty of perjury that food purchased with my SNAP EBT card was destroyed in a household misfortune or natural disaster (fire, flood, extended electrical outage or other loss) that occurred on _____, 20__ in _____ County, New Mexico.

I make this statement with the understanding that any person who makes false statements to receive SNAP benefits may be fined up to \$10,000 and imprisoned up to 5 years. This may include disqualification from the Supplemental Nutrition Assistance Program for 6 months, 12 months, or permanently, and include repayment of the value of the SNAP benefits that are replaced.

I also understand that:

- Verification of the household misfortune or natural disaster is required to verify my loss; this may consist of but is not limited to collateral contacts.
- Pro-rated SNAP benefits will be issued through my EBT card.
- If I do not sign and return this affidavit within **10 calendar days** after I first reported the loss (destruction) of the food purchased with my EBT card, ISD will **NOT** replace the loss.

I declare under penalty of perjury and/or fraud the information provided is true and correct.

Participant Signature _____ Date _____

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Date Loss Reported ___/___/___ Date Affidavit Received ___/___/___ Date Verified ___/___/___

Method of Verification ___ Collateral Contact ___ Documentation ___ Other (Specify) _____

___ Approved ___ Denied

Reason for Denial _____

Monthly SNAP Benefit Amount \$ _____ Number of Days Prorated _____ Prorated Amount Issued \$ _____

FAA Name (Printed) _____ FAA Signature _____

Approved by – Supervisor Name (Printed) _____

Supervisor Signature _____



Income Support
Division

FOOD STAMP PROGRAM AFFIDAVIT of NONRECEIPT or DESTRUCTION of COUPONS

NO. _____

Case Number	Case Name - Last	First	Initial
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I, _____ declare that:

- Client's Initials My household is eligible to receive food stamps, but our food stamps were not received in the mail, or we only received a partial allotment of \$ _____, for the month of _____, 20____.
- Client's Initials My household received its food stamps on _____, 20____; and our food stamps, or food purchased with food stamps, in the amount of \$ _____ were destroyed in a household disaster such as FIRE or FLOOD on _____, 20____.

If the coupons are recovered by my household, I will return them to the New Mexico Human Services Department, I understand that persons who make false statements and get food stamps illegally may be fined up to \$10,000 and imprisoned up to 5 years. They may also be disqualified from the Food Stamp Program for 6 months, 12 months or permanently, and be required to pay back the value of all food stamps that they were not entitled to receive. I also understand that:

- This replacement will be sent to the ISD office, NOT my mailing address.
- After the second replacement for nonreceipt of food stamps in the mail, ALL my future food stamp allotments will be sent to the ISD office.
- Only two replacements of nonreceipt or destruction can be made in a 6 month period; additional losses in a 6 month period will NOT be replaced
- If I do not sign and return this affidavit within 10 calendar days after I first reported nonreceipt of my food stamps, ISD will NOT replace the loss.

TO BE COMPLETED BY HOUSEHOLDS REPORTING NONRECEIPT ONLY

- How is mail delivered to your address? Apartment Mail Box Through "Mail Slot" in door of home Residential Mailbox Other (specify) _____
- Was mailbox locked? Yes No
- If mailbox locked, was it pried or forced open? Yes No
If mailbox forced or pried open was it reported to authorities? Yes No
- If you were waiting, did the mail carrier stop at your address for any reason? Yes No
- Did you discuss nonreceipt of food stamps with the mail carrier? If YES, what was said? Yes No
- Do you know if anyone else in your neighborhood suffered a mail loss? Yes No
If YES, provide the name and address: _____
- Has anyone seen a person tampering with mail boxes in your neighborhood? Yes No
If YES, provide the name and address: _____
- Do you have any idea who might have taken your food stamps? Yes No
If YES, provide the name and address: _____
- Has your address changed recently? Yes No
If YES list your current address below: _____

I declare under penalty of perjury and/or fraud that the foregoing is true and correct.
RECIPIENT'S SIGNATURE: _____

FOR ISD USE ONLY

COUNTY CERTIFICATION STAFF INFORMATION

Date household reported loss: ____/____/____ Date affidavit received by county: ____/____/____
Benefit History: ____/____ Issn. No. _____ Amt \$ _____ Status Date: ____/____/____

Benefit History Detail: Address Correct? Yes No (No requires corrective action)

Reg. Issue or new MR Amount \$ _____ Return Amount \$ _____ Replacement Amount \$ _____

The replacement amount must be adjusted when a portion of the allotment has been returned. The returned portion may be remailed, if within the period of intended use.

EW's Signature	Co. No.	Employee No.	Date:
COM or Supervisors Counter Signature	Co. No.	Employee No.	Date:

ISSUANCE UNIT DISPOSITION:

Explanation if not issued:

A replacement in the amount of \$ _____ has has not been issued.

Issuance Clerk's Signature	Employee No.	Date:
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