Manual Revision Memorandum

ISD-MR 16-15

TO:       ISD Employees
FROM:     Sean Pearson, Deputy Secretary
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)

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Name of Head of Household</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Household Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town/State/Zip Code</th>
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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 ______________________

FOR HSD USE ONLY

<table>
<thead>
<tr>
<th>Date Loss Reported</th>
<th>Date Affidavit Received</th>
<th>Date Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/</td>
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</table>

Method of Verification

<table>
<thead>
<tr>
<th>0 Collateral Contact</th>
<th>0 Documentation</th>
<th>0 Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Approved</td>
<td>0 Denied</td>
<td></td>
</tr>
</tbody>
</table>

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 __________________________
FOOD STAMP PROGRAM
AFFIDAVIT of NONRECEIPT or DESTRUCTION of COUPONS

Case Number __________
Case Name - Last __________ First __________ Initial __________

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
titled 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 for 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

1. How is mail delivered to your address? ☑ Apartment Mail Box ☑ Through “Mail Slot” in door of home ☑ Residential Mailbox
☐ Other (specify) __________

2. Was mailbox locked? Yes ☑ No ☐

3. If mailbox locked, was it pried or forced open? 
   If mailbox forced or pried open was it reported to
   authorities? Yes ☑ No ☐

4. If you were waiting, did the mail carrier stop at your
   address for any reason? Yes ☑ No ☐

5. Did you discuss nonreceipt of food stamps with the
   mail carrier? If YES, what was said? Yes ☑ No ☐

7. Do you know if anyone else in your neighborhood suffered a mail loss? Yes ☑ No ☐
   If YES, provide the name and address:

8. Has anyone seen a person tampering with mail boxes
   in your neighborhood? Yes ☑ No ☐
   If YES, provide the name and address:

9. Do you have any idea who might have taken your
   food stamps? Yes ☑ No ☐
   If YES, provide the name and address:

10. 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 __________

COUNTRY CERTIFICATION STAFF INFORMATION

Data household reported loss: ___ / ___ / ___

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: __________

CCM or Supervisor’s Counter Signature __________ Co. No. __________ Employee No. __________ Date: __________

ISSUANCE UNIT DISPOSITION:

A replacement in the amount of $ __________ ☑ has ☐ has not been issued.

Issuance Clerk’s Signature __________ Employee No. __________ Date: __________

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Data affidavit received by county: ___ / ___ / ___

Reg. Issue or new MR Amount $ __________ Return Amount $ __________ Replacement Amount $ __________