

South Carolina Department of Social Services
Food Stamp Program

AFFIDAVIT OF LOSS DUE TO A BENEFIT GROUP MISFORTUNE

Case Name: _____ Case Number: _____

I hereby certify, under penalty of perjury and/or fraud that the food purchased with food stamp benefits was destroyed on _____ in the amount of \$ _____ under the following circumstances: _____

Client's Signature: _____ Date: _____

FOR DSS USE ONLY

Replacement of food authorized; verification: (Attach verification) _____

Benefit Month: _____ Amount \$ _____

Replacement of food denied, reason: _____

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

DISTRIBUTION: Canary copy to recipient; Pink copy filed in case file; White copy retained by the EBT Coordinator