COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BENEFIT PROGRAMS

CASE NAME	LOCALITY
CASE NUMBER	DATE

FOOD REPLACEMENT REQUEST

In order for us to consider replacing the value of your destroyed food, you must complete and return this form. You must return the completed form within 10 days of the date the food was destroyed or within 10 days of the date above.

Case Name	Address
How was food destroyed or damaged?	
Value of the destroyed food	
When was the food destroyed or damaged?	
I certify that the household listed above experienced the destruction of food in the month of _____, 20_____.	
Signature	Date