FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR FOOD ASSISTANCE REPLACEMENT

You must submit this form along with any documentation that verifies your household lost food due to a power outage (4 or more hours) or damage due to a fire or natural disaster. The form must be submitted **within 10 days from the date of the food loss**.

Recipient Name: _____
First and Last Name

Address: _____

_____

County: _____

Case Number: _____

SSN (if applicable): _____

Date of Birth: _____

Phone number: _____

Date of food loss: _____

Value of food that was lost or destroyed (by fire or natural disaster): _____

Recipient Signature: _____

Date: _____

Under penalty of perjury and/or fraud, I certify that my household lost food due to spoilage because of damage or power outage caused by a fire or natural disaster. I purchased this food with food assistance benefits.

How to Submit:
Upload to your MyACCESS account https://myaccess.myflfamilies.com/

Office of Economic Self Sufficiency Mail Center
P.O. Box 1770
Ocala, FL 34478-1770

Fax:
1-866-886-4342

In person at a local service center.