

Request for Replacement of Spoiled Food

Statement of Loss – Household Use

Notice to Household

To have the cost of your spoiled food replaced, a household member must sign this form and return it to the Department of Human Services (DHS) office by _____. You can estimate the cost of the spoiled food and the date it spoiled.

Household's Statement

By signing this form, I say the following is true:

On _____, my household lost \$_____ in spoiled food. The food was spoiled due to _____. The spoiled food was bought with Food Assistance. I am asking DHS to replace the cost of the spoiled food. I know the penalties for giving false information.

Name (please print)	Address	
Signature of Household Member	Date Signed	Social Security Number

Verifications – County Office Use

Case Name	Case Number
Nature and Date of Loss Verified By	

Enter the allotment issued for the month of loss and the prior month. Enter "0" if none.

Allotment in Month of Loss	Issue Date	Prior Month's Allotment	Issue Date
Restored Benefits	Issue Date	Restored Benefits	Issue Date
Total Amount of EBT Purchases Made in Month of Loss and in the Prior Month			

Decision on Request for Replacement – County Office Use

Deny if the loss is questionable, if the household did not receive Food Assistance, or if there were no EBT purchases.

Determine if the amount of the loss is reasonable in relation to the nature of the loss. A power outage can spoil only perishables. Water damage or fire can spoil all types of foods. Talk with the household if the estimated loss seems too high. To replace the spoiled food, issue whichever of the following amounts of Food Assistance is least:

- ◆ The total cost of the spoiled food **or**
- ◆ The total amount the household spent from the EBT account in the month of loss and spent in the prior month **or**
- ◆ The full amount of Food Assistance issued in a month. The month can be the month the loss was reported, or the prior month.

A replacement of your spoiled food is approved for the month of _____.

Your request for replacement of spoiled food is denied because _____.

Signature	Date Signed
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You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing for all programs, except for Food Assistance. You can appeal in person, by telephone or in writing for Food Assistance. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

For Food Assistance, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail stopit@dhs.state.ia.us

(Food Assistance only) USDA – Director Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 voice or (202) 720-6382 (TTY).