

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Supplemental Nutrition Assistance Program
DECLARATION OF FOOD LOSS

IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT SUCH AS LARGE PRINT,
PLEASE CONTACT YOUR LOCAL DHS COUNTY OFFICE.

Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español.

Name _____

Last four of SSN _____

Address _____

Telephone Number _____ **Date of Birth** _____

I certify that I lost food due to the following circumstance:

☐ Power outage

Date outage began _____ Approximate time of outage _____

Date outage ended _____ Approximate time outage ended _____

☐ Storm / Tornado Damage

Date _____

☐ Fire Damage

Date _____

☐ Other Damage/Loss of Benefits (explain below)

Describe damage or loss

_____.

***If this information is found to be incorrect, your eligibility and benefit level may be affected
and you may be subject to criminal prosecution for knowingly providing incorrect
information.***

- My answers on this form are correct and complete to the best of my knowledge.
- I understand the penalties for hiding or giving false information.

Signature _____

Date Signed _____

INSTRUCTIONS

DCO-0238

Purpose

The DCO-0238 is used by households to request replacement of benefits for food purchased with SNAP benefits and subsequently destroyed in a household misfortune as defined in SNAP 14132.

Completion

The client should complete the form. If the client cannot complete the form, the worker may complete the form based on the household's statements. The client must sign and date the form.

Routing

Original scanned into electronic case record. A copy may be given to the client if the client requests a copy.

Retention

Five years from date of origin.