1. **Purpose of the form**
   To receive a replacement for SNAP benefits if there is a power outage or other household misfortune.

2. **When it is used**
   As needed when there’s a power outage or other household misfortune.

3. **Who completes the form**
   Client local family assistance office

4. **An explanation of what goes into any field that is not clearly self-explanatory**
   N/A

5. **Who needs the original and where should it be filed**
   Local family assistance office staff – scan in FARAS.

6. **Who needs a copy and where should it be filed**
   Client upon request

7. **Length of time the form must be maintained after the service is rendered/case closed**
   RDA 1716 – 5 years