

South Carolina Department of Social Services  
Food Stamp Program  
**AFFIDAVIT OF LOSS DUE TO A BENEFIT GROUP MISFORTUNE**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I hereby certify, under penalty of perjury and/or fraud that the food purchased with food stamp benefits was destroyed on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ under the following circumstances: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**FOR DSS USE ONLY**

Replacement of food authorized; verification: (Attach verification) \_\_\_\_\_

Benefit Month: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Replacement of food denied, reason: \_\_\_\_\_

Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: Canary copy to recipient; Pink copy filed in case file; White copy retained by the EBT Coordinator**