



STATE OF FLORIDA  
DEPARTMENT OF CHILDREN AND FAMILIES  
FOOD ASSISTANCE PROGRAM

**FOOD ASSISTANCE REPLACEMENT AUTHORIZATION**

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.

Customer Name: \_\_\_\_\_  
Print Name

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Value of food lost or destroyed (by fire or natural disaster): \$ \_\_\_\_\_

Date of loss, spoilage, or damage: \_\_\_\_\_

Phone number where we can reach you: \_\_\_\_\_

\_\_\_\_\_

**Customer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The customer must return this form in person, through the mail, or by fax. The form is due no later than 10 days after the date of the loss.

Mailing address:  
DCF Family Resource Center  
2810 Sharer Road, Suite 25  
Tallahassee, FL 32303  
Fax: (866) 886-4342

**For faster processing, please return completed form in-person at the address listed above  
OR your local DCF Family Resource Center.**