

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
REPLACEMENT AFFIDAVIT**

County _____

F.S. Case No. _____

Date of Report _____

Insurance Month-Year _____

Food Stamp Unit Head _____

Reason for Report and Replacement Action

- Food stamps destroyed after receipt
- ATP destroyed after receipt
- ATP stolen after receipt
- Food stamps not received in the mail
- ATP not received in the mail
- Expired ATP received in the mail

I hereby certify under penalty of perjury and/or fraud that my food stamp unit has had its food stamps or ATP destroyed, stolen, not delivered in the mail, or an expired ATP was received as checked above.

I understand that if the missing food stamps or ATP originally issued are received or recovered at a later date, the food stamps or ATP will be returned to the Food Stamp Office. I understand that the expired ATP must be returned to the Food Stamp Office

You may request to be put on an alternative issuance method after one report of nonreceipt of your food stamps or ATP. After two reports of nonreceipt in a six month period, the Food Stamp Office will place you on an alternative issuance method.

After two reports of nonreceipt of your food stamps or ATP or theft of an ATP after receipt, in a six month period, further replacements for these reasons may be delayed or denied.

This Affidavit must be signed and returned to the Food Stamp Office within ten (10) calendar days of the date of report shown above, or you coupons or ATP will not be replaced.

I am aware of the penalties for intentional misrepresentation of the facts. The penalties could include prosecution for Intentional Program Violation under Federal and State law, or disqualification from the Food Stamp program following a finding of Intentional Program Violation at an Administrative Disqualification Hearing, or a charge of perjury for a false claim.

Signature _____

Date _____

Witness--if signature is by "x" or other mark _____

FOR OFFICE USE ONLY

| | |
|--|--|
| _____ _____ (Food Stamp Unit address & Phone Number) | Coupon value _____ \$ _____ Date mailed _____ |
| Original ATP No. _____ | Issuance Action Code _____ |
| Replacement ATP No. _____ | No. in Food Stamp Unit _____ |