IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT SUCH AS LARGE PRIN 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	ARKANSAS DEPARTMENT OF HUMAN SERVICES Supplemental Nutrition Assistance Program DECLARATION OF FOOD LOSS			
Last four of SSN	PLEA	SE CONTACT YOUR LOCA	AL DHS COUNTY OFFICE.	
Address	Name			
Telephone Number Date of Birth I certify that I lost food due to the following circumstance: Date outage Date outage began Approximate time of outage Date outage ended Approximate time outage ended Date outage ended Approximate time outage ended Storm / Tornado Damage Date Date Storm / Tornado Damage Date Date Price Damage Date Date Other Damage (explain below) Describe damage	Last f	our of SSN		
Telephone Number Date of Birth I certify that I lost food due to the following circumstance: Date outage Date outage began Approximate time of outage Date outage ended Approximate time outage ended Date outage ended Approximate time outage ended Storm / Tornado Damage Date Date Storm / Tornado Damage Date Date Price Damage Date Date Other Damage (explain below) Describe damage	Addre	255		
Power outage Date outage began Approximate time of outage Date outage ended Approximate time outage ended Date Date Fire Damage Date Other Damage (explain below) Describe damage				
Date outage began Approximate time of outage Date outage ended Approximate time outage ended Storm / Tornado Damage Date Fire Damage Date Other Damage (explain below) Describe damage	I certif	fy that I lost food due to the fo	ollowing circumstance:	
Date outage ended Approximate time outage ended Storm / Tornado Damage Date Fire Damage Date Other Damage (explain below) Describe damage		Power outage		
Date outage ended Approximate time outage ended Storm / Tornado Damage Date Fire Damage Date Other Damage (explain below) Describe damage		Date outage began	Approximate time of outage	
Date		Date outage ended	Approximate time outage ended	
Date Date Other Damage (explain below) Describe damage		-		
Describe damage				
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		Other Damage (explain belo	w)	
 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		Describe damage		
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I understand the penalties for hiding or giving false information. Signature	and yo	ou may be subject to criminal		
		•	1	
Date Signed	Signat	ture		
	Date S	Signed		

DCO-0238 (rev. 04/2020)

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.

DCO-0238 (rev. 04/2020)