



Recipient name _____

Street address _____

City _____

State _____

Zip code _____

Date _____

Case name _____

Case # _____

County # _____

Supervisor # _____

Worker # _____

A household member must complete the information on this form and return it to an Oklahoma Human Services (OKDHS) office no later than _____, before food benefits are replaced due to disaster. If OKDHS receives the form after this date, food benefits will not be replaced.

Contact Information

Name of household member completing the form _____

Mailing address, street, or PO Box _____

City _____

Oklahoma

State _____

Zip code _____

Apartment or lot number _____

Email address _____

Phone number where you can be reached _____

Street address or directions to your home, if different than mailing address _____

Tell Us About Your Food Loss

Date of loss: _____

Reason for loss (check one):

fire tornado flood loss of electricity caused by a storm

appliance malfunction caused by a storm

When did you lose electricity? Date: _____ Time: _____

When was electricity restored? Date: _____ Time: _____

What is the dollar value of the food your household lost? _____

Tell Us About Your Electricity Supplier

Electric company name

Account number

Account name, as shown on your bill

If the account is not in your name, explain:

Declaration and Signature

I understand and agree to provide documentation verifying the loss. I declare under penalty of perjury that all of the information I gave on this form regarding my food loss is true and correct.

Household member signature

Date

Mail To:

Oklahoma Department of Human Services
Mailing address:
OKDHSLive!
P.O. Box 2700 Norman, OK. 73070