



GOVERNMENT OF GUAM
 DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



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**Request for Replacement SNAP Benefits due to Typhoon Sinlaku
 Household Affidavit
 (Valid Reporting Period: April 12, 2026 – May 14, 2026)**

Head of Household's Name (Last Name, First Name, and Middle Initial):	
Mailing Address:	Date of Birth:
Phone Number(s):	SNAP Case Number or SSN:

I lost food purchased with my April 2026 SNAP benefits, valued at \$ _____, due to impacts from Typhoon Sinlaku on 04/12/2026. The food loss occurred on ___/___/2026.
 (Date)

The household disaster/misfortune was due to: (please all that apply to your situation)

- Loss of power to refrigerator/freezer
- Damage to or destruction of the refrigerator/freezer
- Loss of food due to damaged containers or improper storage
- Moisture damage to dry food items
- Other: _____

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that intentionally providing false or misleading information may result in criminal penalties (perjury) or be considered an Intentional Program Violation (IPV).

If I report a food loss amount greater than 63% of the AMR issued on April 24, 2026, I understand that the amount **will be verified with the EBT vendor**, and if the verification shows that my actual food loss is less than the AMR amount I received, I will **NOT BE ELIGIBLE** for additional replacement benefits.

 Client Signature

_____/_____/_____
 Date