



State of Illinois
 Department of Human Services
**THE EMERGENCY FOOD ASSISTANCE PROGRAM -
 COMMODITY LOSS REPORT & CLAIMS DECISION FORM**

Foodbank: _____

Distribution Site (if applicable): _____

Date of Damage: _____ Date Product Received: _____

The loss was reported in the Month of: _____

Check the box(es) that apply in both the "Type of Damage" and the "Circumstance Relating to the Loss" tables:

TYPE OF DAMAGE	
Description of Damage	Damage Codes
<input type="checkbox"/> Moldy Product	1
<input type="checkbox"/> Torn Paper	2
<input type="checkbox"/> Crushed Package	3
<input type="checkbox"/> Broken Package	4
<input type="checkbox"/> Leakage	5
<input type="checkbox"/> Punctured Package	6
<input type="checkbox"/> Wet Packaging	7
<input type="checkbox"/> Forklift Damage	8
<input type="checkbox"/> Other (specify below)	9

Circumstance Relating to the Loss	
<input type="checkbox"/> Damaged upon receipt	10
<input type="checkbox"/> Concealed damage	11
<input type="checkbox"/> Damage by another source (identify source)	12
<input type="checkbox"/> Theft - file Police Report	13
<input type="checkbox"/> Department of Public Health Notified	14

Storage Place Prior to Damage: _____

Commodity Code: _____ Description: _____

Number of Cases Damaged:	Price per Case:	Total Value of Loss:
_____	_____	_____
	X \$	= \$
_____		_____

Method of Disposal: _____

Food Bank Signature: _____

*** Bottom Portion of Form to be completed by Emergency Food Program Manager ***

Referred to USDA (value over \$2,500) Not Referred to USDA (value over \$2,500)

E-mailed to USDA (value over \$2,500) Claim Filed NO Claim Filed

Date Claim Filed (if applicable): _____ Date Reviewed: _____

Reviewed by: _____

E-2 (under \$100) Notes, Further Action, Response: _____
 D-2-c (between \$100 and \$2,500)
 (over \$2,500)