



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

Food Bank: _____

Date received: _____ Date damaged: _____

Month that loss was reported: _____

Check the box(es) that apply in both the 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
Source:	
<input type="checkbox"/> Theft - file Police Report	13
<input type="checkbox"/> Department of Public Health Notified	14

Commodity Code: _____ Description: _____

Detailed description of how and where damage occurred:

Method of Disposal: _____

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

Food Bank Signature: _____

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

- ___ \$500 or less: Not referred to USDA
- ___ \$500 - \$100,000: IDHS determines claim is NOT required. (Any future audits by USDA may overturn this decision.)
- ___ \$500 - \$100,000: IDHS determines claim is required.
- ___ \$100,000 or more: IDHS is required to submit claim for replacement of the loss to the provider and notify USDA/FNS of loss.

** If claim is determined necessary, provider has the option to replace the loss in whole, in part or request forgiveness from USDA. Final decision is made by USDA.**

Date Reviewed: _____ Date Claim Filed: _____

Reviewed by: _____