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|  | UNITED STATES DEPARTMENT OF AGRICULTURE  FOOD AND NUTRITION SERVICE  **Application for Disaster Food Benefits** (Pursuant to 7 CFR 280) | | | DATE STAMP | | | |
| CLIENT IDENTIFICATION | | | |
| **INSTRUCTIONS:** Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any information we ask for, it will not be eligible to receive food benefits. You can choose someone to be your authorized representative to apply for emergency help for your household and use your food benefits.Your household must have an in-person interview for benefits. You will need to provide proof of identity for your head of household and of anyone acting as your authorized representative. We require photo identification if it is available. You may be asked to show proof that your household lived or worked in the disaster area at the time of the disaster. You may have to verify any questionable expenses. **PLEASE PRINT USING A BLACK INK PEN. DO NOT WRITE IN SHADED AREAS.** | | | | | | | |
| HEAD OF HOUSEHOLD (ADULT PERSON WHOSE NAME WILL BE ON DISASTER FOOD BENEFITS ACCOUNT) | | | | | | **VERIFIED** | |
| DO YOU WANT SOMEONE OUTSIDE OF YOUR HOUSEHOLD TO APPLY FOR BENEFITS FOR YOUR HOUSEHOLD? (AUTHORIZED REPRESENTATIVE)  Yes  No | | | NAME OF REPRESENTATIVE (IF ANY) | | | **VERIFIED** | |
| PERMANENT STREET ADDRESS WHERE YOU LIVE CITY STATE ZIP CODE | | | | | | **VERIFIED** | |
| TEMPORARY / MAILING ADDRESS CITY STATE ZIP CODE | | | | Temporary  Mailing | | **VERIFIED** | |
| PERMANENT PHONE NUMBER (INCLUDING AREA CODE)  **(     )** | | TEMPORARY PHONE NUMBER (INCLUDING AREA CODE)  **(     )** | | | | | |
| OTHER CONTACT NUMBER (INCLUDING AREA CODE)  **(     )** Type of contact number:  Work  Cell  Message | | | | | | | |
| **PART A - HOUSEHOLD SITUATION** | | | | | | | |
| 1. Was your household living or working in the disaster area at the time of the disaster? If yes, please answer the following questions: | | | | | YES | | NO |
| Did the disaster damage or destroy your home or self-employment property? | | | | |  | |  |
| Does your household have any additional expenses as a result of the disaster? | | | | |  | |  |
| While the effects of the disaster are being cleaned up, will your household be buying food? | | | | |  | |  |
| Did the disaster delay, reduce or stop your household's income? | | | | |  | |  |
| Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster? | | | | |  | |  |
| Is anyone in your household employed by DSHS Community Services Division or Home and Community Services? | | | | |  | |  |
| 2. Do you currently receive SNAP, food stamp or Basic Food benefits?  Yes  No  If yes, state: county:  If yes, was your food or your EBT card destroyed in the disaster?  Yes  No  If yes, what is the dollar value of the food or food benefits you lost due to the disaster: $  Type of loss:  EBT card  EBT benefits  Food bought with SNAP, food stamp or Basic Food benefits  Other:  Date you discovered the loss:  Signature of person reporting loss: | | | | | | | |

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| List the members of your household, including yourself, who were living with you at the time of the disaster. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER DO NOT LIST MEMBERS OF THAT HOUSEHOLD.** List each household member in Part B. List any income your household members have received or expect to receive while the Disaster Food Assistance Program is operating. If the income is from work, list the take home amount. It is not necessary to supply social security numbers (SSN), but it is helpful. These will be used to identify your household members and to make sure they are eligible for food benefits. It will also be used for computer matching, program reviews or audits. | | | | | | | | | |
| **PART B - HOUSEHOLD MEMBERS** (Attach paper for more space) | | | | | | **PART C - INCOME** | | | |
| NAME | RELATIONSHIP TO HEAD OF HOUSEHOLD | | SOCIAL SECURITY  NUMBER | BIRTH  DATE | | SOURCE/TYPE | | | AMOUNT |
|  | **Self** | |  |  | |  | | |  |
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| Part D. List all cash your household will be able to get to during this disaster. In Part E, list the disaster-caused expenses that your household paid or expects to pay during this disaster. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.** | | | | | | | | | |
| **PART D - RESOURCES** | | AMOUNT | | | **PART F - ELIGIBILITY COMPUTATION** | | | | |
| Cash on hand | |  | | | 1. Total anticipated income  2. Total accessible cash resources  3. Add #1 and #2  4. Total disaster expenses  5. Total available funds (Subtract #4 from #3)  6. Maximum Gross Income Limit (Amount from Disaster Table)  7. ELIGIBLE (#5 is equal to or less than #6)  8. INELIGIBLE (#5 is greater than #6) | | | $  $  $  $  $  $  $  $ | |
| Checking accounts you can use | |  | | |  | | |  | |
| Savings accounts you can use | |  | | |  | | |  | |
| Other: | |  | | |  | | |  | |
| **PART E - EXPENSES** | | AMOUNT | | |  | | |  | |
| Food destroyed or spoiled in disaster | |  | | |  | | |  | |
| Dependent care due to disaster | |  | | |  | | |  | |
| Funeral/medical expenses due to disaster | |  | | |  | | |  | |
| Moving and storage costs due to disaster | |  | | |  | | |  | |
| Temporary shelter expenses | |  | | |  | | |  | |
| Cost to protect property during disaster | |  | | |  | | |  | |
| Cost to repair or replace items for home or self-employment property | |  | | |  | | |  | |
| Other disaster-related expenses (1) | |  | | |  | | |  | |
| Other disaster-related expenses (2) | |  | | | Interviewers Name: | | | | |
| Other disaster-related expenses (3) | |  | | |  | | | | |
| Other disaster-related expenses (4) | |  | | | Phone: | | | | |
| **PART G - PENALTY WARNING** | | | | | | | | | |
| **If your household gets food benefits, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food benefits to make sure you were eligible for disaster aid.**  **DO NOT** give false information or hide information to get or to continue to get food assistance.  **DO NOT** give or sell your food benefits or Electronic Benefits Transfer (EBT) card to anyone not authorized to use them.  **DO NOT** use food benefits to buy unauthorized items such as alcohol or tobacco.  **DO NOT** use another household's food benefits or EBT card for your household. | | | | | | | | | |
| **PART H - CERTIFICATION AND SIGNATURE** | | | | | | | | | |
| I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing. | | | | | | | | | |
| SIGNATURE OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE | | | | | | | DATE | | |
| The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact\_info/hotlines.htm. USDA is an equal opportunity provider and employer. | | | | | | | | | |