

UNITED STATES DEPARTMENT OF

AGRICULTURE - FOOD AND CONSUMER SERVICE

APPLICATION FOR DISASTER FOOD STAMP ASSISTANCE

(Pursuant to 7 CFR 280)

We will consider all applicants without regard to color, race, sex, handicap, religion, national origin or political belief.

DISASTER AUTHORIZATION PERIOD
BEGIN END

NUMBER

APPLICATION DATE

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive food stamps. When you are interviewed you must show a photo identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use your food stamps. DO NOT WRITE IN SHADED AREAS.

HEAD OF HOUSEHOLD	VERIFIED	AUTHORIZED REPRESENTATIVE(S)
PERMANENT HOME ADDRESS AND TELEPHONE NO.	VERIFIED	TEMPORARY ADDRESS AND TELEPHONE NO.

PART A - HOUSEHOLD SITUATION

1. Was your household living 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?		
2. Are you a current food stamp participant? If so, STATE: COUNTY: If yes, was your food, your food stamps or your ATP or EBT card destroyed in the disaster? If yes, AMOUNT of food or food stamp loss: \$_____; CARD loss: ATP____ EBT____ Other_____		

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER DO NOT LIST MEMBERS OF THAT HOUSEHOLD.** List each household member's social security number (SSN), date of birth, and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster Food Stamp Program is operating. The SSN is required by law and will be used to identify your household members and to make sure they are eligible for food stamps. 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	SOCIAL SECURITY NO.	BIRTH DATE	SOURCE/TYPE	AMOUNT

Please continue application process on reverse side.

In 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 Checking Accounts Savings Accounts _____		1. Total anticipated income	\$ _____
		2. Total accessible cash resources	\$ _____
		3. Add #1 and #2	\$ _____
PART E – EXPENSES		4. Total disaster expenses	\$ _____
Food destroyed in disaster		5. Total available funds (Subtract #4 from #3)	\$ _____
Dependent care due to disaster		6. Maximum Gross Income Limit (Amount from Disaster Table)	_____
Funeral/medical expenses due to disaster		7. ELIGIBLE (#5 is equal to or less than #6)	_____
Moving and storage costs due to disaster		8. INELIGIBLE (#5 is greater than #6)	_____
Temporary shelter expenses		Household size _____	
Cost to protect property during disaster		Benefit _____	
Cost to repair or replace items for home or self-employment property		Worker _____	
Other disaster-related expenses			

PART G - PENALTY WARNING

If your household gets food stamps, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food stamps 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 stamps. DO NOT give or sell food stamps or authorization documents to anyone not authorized to use them.

DO NOT alter any food stamps or authorization document to get food stamps you are not entitled to. DO NOT use food stamps to buy unauthorized items such as alcohol or tobacco. DO NOT use another household's food stamps or authorization document 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.

APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)

DATE SIGNED