Example Client Disaster Supplemental Nutrition Assistance Application

APPLICATION FOR D In accordance with Federal law a discriminating on the basis of race, complaint of discrimination, write I	Num fo file a	Disaster Ben	d:	-					
complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250–9410 or call (202) 720–5964 (voice and TDD). USDA is an equal opportunity provider and employer.						Application Date:			
OO NOT WRITE IN SHADI	ED AREAS.								
INSTRUCTIONS: Complete this	application honestly and	to the best of you	r knowled	lge. If your	household kn	ows but refuses on	purpose to	give any	
required information, it will not l	•					•		I	
identification. You must show pro	•							l l	
may have to verify any questionab Nutrition Assistance benefits.	le expenses. You can aut	horize someone out	tside your	household to	apply for, red	ceive, or use your D	isaster Supp	olemental	
Head of Household		Verified	Authorize	Authorized Representative					
Permanent Home Address with zip co	ode	Verified	Temporar	y Address and	s and Telephone Number (if different)				
Phone Number:			Mailing Address (if different) with zip code						
County:									
	P.	ART A - HOUSE	OLD SIT	UATION					
 Was your household living {inset following questions: 	t "working" if applicable	to disaster} in the d	isaster area	at the time of	f the disaster?	If yes, please answer	the YES	NO	
Did the disaster damage or destro	y your home or self-emplo	yment property?							
Does your household have any a	lditional expenses as a resu	lt of the disaster?							
Does your household plan to buy	food before {insert end date	te of disaster period)	+?						
Did the disaster delay, reduce or	stop any of your household	's income?							
Does your household have any codisaster?	ash or money in checking o	r savings accounts w	hich you c	annot get to b	ecause the banl	k is closed due to the			
2. Are you a current Supplemental N	utrition Assistance (Food S	tamp Program) parti	cipant? If	so, State:		County:			
List the members of your household, security number (SSN) if available. I Supplemental Nutrition Assistance. household members have received or DO NOT INCLUDE PEOPLE IF YOU ARE TEMPORARILY HOUSEHOLD.	However, applicants are <i>not</i> Also list each household me expect to receive while the WHO WERE NOT PART	required to have or ember's date of birth Disaster Supplemen FOF YOUR HOUS	give their in sex, race stal Nutrition	Social Securit and source an on Assistance WHEN THE	y on this applic ad amount of ta Program is ope DISASTER H	ation in order to qual ke-home pay. List ar rating. APPENED.	lify for Disas	ter me your	
PART B – HOUSE		PART C – INCOME							
First Name / Last Name	Social Security No.	Birth Date	Sex	Race	Sou	rce/Type	Amo	unt	

PART D - RESOURCES		PART E - EXPENSES								
List all cash your household will be able to get to during the disaster			List 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.							
	AMOUNT						AMOUNT			
Checking accounts		Dependent care due to disaster								
Saving accounts		Funeral/medical expenses due to disaster								
Cash on hand		Moving and storage costs due to disaster								
		Temporary shelter expenses								
		Cost to	protect property durii							
		Cost to	repair or replace item							
		Other	disaster-related expens							
		Food destroyed in disaster								
		PART	ΓF - CERTIFICATIO	N AND	SIGNATURI					
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:										

PART G – PENALTY WARNING

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

DO NOT alter any Supplemental Nutrition Assistance authorization documents to get benefits you are not entitled to.

DO NOT use Supplemental Nutrition Assistance benefits to buy unauthorized items such as alcohol or tobacco.

DO NOT use another household's Supplemental Nutrition Assistance benefits or authorization documents for your household.