

Appendix D - Example Client Disaster Supplemental Nutrition Assistance Application

<p align="center">APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE</p> <p><i>In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a 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.</i></p>	<p align="center">Disaster Benefit Period</p> <p>Begin: _____ End: _____</p> <p>Number: _____</p>
DO NOT WRITE IN SHADED AREAS.	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 required information, it will not be eligible to receive Disaster Supplemental Nutrition Assistance benefits. When you are interviewed, you must show identification. You must show proof that your household lived {inset “worked” if applicable to disaster} 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, receive, or use your Disaster Supplemental Nutrition Assistance benefits.

Head of Household	Verified	Authorized Representative
Permanent Home Address with zip code	Verified	Temporary Address and Telephone Number (if different)
Phone Number:		Mailing Address (if different) with zip code
County:		

PART A - HOUSEHOLD SITUATION

1. Was your household living {inset “working” if applicable to disaster} 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?		
Does your household plan to buy food before {insert end date of disaster period}?		
Did the disaster delay, reduce or stop any of 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 Supplemental Nutrition Assistance (Food Stamp Program) participant? If so, State: _____ County: _____		

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. List each household member’s social security number (SSN) if available. However, applicants are *not required* to have or give their Social Security on this application in order to qualify for Disaster Supplemental Nutrition Assistance. Also list each household member’s date of birth, sex, race and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster Supplemental Nutrition Assistance Program is operating.

- **DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED.**
- **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.**

PART B – HOUSEHOLD MEMBERS (Attach paper for more space)					PART C – INCOME	
First Name / Last Name	Social Security No.	Birth Date	Sex	Race	Source/Type	Amount

PART D – RESOURCES List all cash your household will be able to get to during the disaster	PART E – EXPENSES 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.
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	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 during disaster	
		Cost to repair or replace items for home or self-employment property	
		Other disaster-related expenses	
		Food destroyed in disaster	

PART F – 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: _____

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.**

PRIVACY ACT STATEMENT

This collection of information is sponsored by the U.S. Department of Agriculture, Food and Nutrition Service under the authority of Section 412 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act The Stafford Act, 42 USC 5179 and Section 5(h) of the Food and Nutrition Act of 2008, 7 USC 2014(h). Responding to this information collection is mandatory in order to apply for D-SNAP benefits because State agencies must collect information about a household's situation, members, income, resources, and expenses to determine eligibility for the D-SNAP program. The information will be used to determine the client's eligibility for D-SNAP benefits. The purpose of this information collection is to assess a household's situation, members, income, resources, and expenses to determine the client's eligibility for D-SNAP benefits. No assurances of confidentiality are provided. No respondent is

required to respond to this information collection request without a valid OMB control number or expiration date.

Public reporting burden for this collection of information is at add time here estimated per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0064*). Do not return the completed form to this address.