

OMB CONTROL NUMBER: 0584-0336
EXPIRATION DATE: XX/XX/XXXX
WAIVER REQUEST REVIEW SHEET

(TEMPLATE0 DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM)

This is the public burden statement necessary for all instruments: Public reporting burden for this collection of information is estimated to average 8 hours 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, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0336*). Do not return the completed form to this address.

Type of request: *Initial, Extension, Expansion, or Modification*
State: [Click here to enter text.](#)
Region: [Click here to enter text.](#)

Disaster Information

- *Type of disaster:*
- *Date of disaster or mandatory evacuation order:*
- *Areas Included in Disaster Declaration:*
- *Any differences between request/FEMA regarding date and/or disaster area*

Disaster Impact

- *Number of Households/Businesses impacted:*
- *Are commercial channels of food distribution up and running?*

Benefit Period

- *Start/end dates:*

Application Period

- *Site locations:*
- *Dates of operation:*
- *Hours of operation*
- *Will sites be open on weekends/holidays?*

Eligibility Criteria

- *Open to households that lived or lived/worked in disaster area?*
- *Is food loss alone a qualifying factor?*
- *Is State using the DSED?*

Ongoing Households

- *Will supplements be issued automatically or by affidavit?*
 - o *What is the process/who is eligible?*

Anticipated Issuance:

- *Estimated number of new D-SNAP applicants*
- *Estimated number of ongoing households to receive supplements*
 - o *How were estimates derived?*

EBT

- *Number of EBT cards on hand/ordered:*
- *Issuance procedures:*
- *Card vendor:*

Duplicate Participation

- *How/when checks will be conducted*

Program Integrity

- *Appropriate fraud prevention/security measures in place*

Logistics

- *Request addresses plans for publicity, security, and plans for serving persons with disabilities, the elderly, and other vulnerable populations, as appropriate.*

Staffing

- *Number of staff/supervisors available for D-SNAP*
- *Plans for sharing staff*

Employee Applications

- *Procedure for handling State agency employee applications*

Attachments

- *Draft press releases, D-SNAP application, PDAs, FEMA declaration, map of disaster area are included?*