DSHS
WASHINGTON STATE Department of Social and Health Services

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 an 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 at the Time of the Disaster

	Yes	No
1. Was your household living or working in the disaster area at the time of the disaster? If yes, please answer the following questions:	☐	☐
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?	☐	☐

2. Did you receive Basic Food benefits or food assistance from a Tribal program in the disaster month?
☐ 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 bought with food benefits you lost due to the disaster: $_____

Type of loss: ☐ EBT card ☐ EBT benefits ☐ Food bought with SNAP or Basic Food benefits
☐ Other: _____

Date you discovered the loss: _____

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 to 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				

Part D. List all cash your household will be able to get to during this disaster.

Part D – Resources	**Amount**
Cash on hand	
Checking account(s) you can use	
Savings accounts you can use	
Other:	

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 E - Expenses	**Amount**		**Amount**
Food destroyed or spoiled in disaster		Cost to repair or replace items for home or self-employment property	
Dependent care due to disaster		Other disaster-related expenses (1)	
Funeral / medical expenses due to disaster		Other disaster-related expenses (2)	
Moving and storage costs due to disaster		Other disaster-related expenses (3)	
Temporary shelter expenses		Other disaster-related expenses (4)	
Cost to protect property during disaster			

Part F – 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 G – 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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family / parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-usda-discrimination-complaint/how-file-program-discrimination-complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334, Alexandria, VA 22314; or (2) email: FNACIVILRIGHTSCOMPLAINTS@usda.gov.

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