



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 A BLACK 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Temporary <input type="checkbox"/> Mailing	VERIFIED
PERMANENT PHONE NUMBER (INCLUDING AREA CODE) ()	TEMPORARY PHONE NUMBER (INCLUDING AREA CODE) ()	
OTHER CONTACT NUMBER (INCLUDING AREA CODE) ()	Type of contact number: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message	

PART A - HOUSEHOLD SITUATION

1. Was your household living or working in the disaster area at the time of the disaster? If yes, please answer the following questions:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the disaster damage or destroy your home or self-employment property?	<input type="checkbox"/>	<input type="checkbox"/>
Does your household have any additional expenses as a result of the disaster?	<input type="checkbox"/>	<input type="checkbox"/>
While the effects of the disaster are being cleaned up, will your household be buying food?	<input type="checkbox"/>	<input type="checkbox"/>
Did the disaster delay, reduce or stop your household's income?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in your household employed by DSHS Community Services Division or Home and Community Services?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently receive SNAP, food stamp or Basic Food benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state: _____ county: _____		
If yes, was your food or your EBT card destroyed in the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the dollar value of the food or food benefits you lost due to the disaster: \$ _____		
Type of loss: <input type="checkbox"/> EBT card <input type="checkbox"/> EBT benefits <input type="checkbox"/> Food bought with SNAP, food stamp or Basic Food benefits		
<input type="checkbox"/> Other: _____		
Date you discovered the loss: _____		
Signature of person reporting 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 DO 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. 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			1. Total anticipated income \$ _____	
Checking accounts you can use			2. Total accessible cash resources \$ _____	
Savings accounts you can use			3. Add #1 and #2 \$ _____	
Other:			4. Total disaster expenses \$ _____	
PART E - EXPENSES		AMOUNT	5. Total available funds (Subtract #4 from #3) \$ _____	
Food destroyed or spoiled in disaster			6. Maximum Gross Income Limit (Amount from Disaster Table) \$ _____	
Dependent care due to disaster			7. ELIGIBLE (#5 is equal to or less than #6) \$ _____	
Funeral/medical expenses due to disaster			8. INELIGIBLE (#5 is greater than #6) \$ _____	
Moving and storage costs due to disaster			Interviewers Name:	
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 (1)			Phone:	
Other disaster-related expenses (2)				
Other disaster-related expenses (3)				
Other disaster-related expenses (4)				



PART G - 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 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.

SIGNATURE OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE

DATE

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