1.2 D-SNAP Application (English)

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE (D-SNAP) *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 Adjudication, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250–9410 or call toll free (866) 632-9992. Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.* **DO NOT WRITE IN SHADED AREAS.**	**Disaster Benefit Period** Begin:_____ End:_____ Number:_____ Application Date:_____

INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any required information, it will not be eligible to receive D-SNAP benefits. When you are interviewed, you must show identification and may be required to verify your residency {inset "place of work" if applicable to disaster} in the disaster area at the time of the disaster, household composition, and disaster-related 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(s):		Mailing Address (if different) with zip code
County:		

PART A – HOUSEHOLD SITUATION

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 money in checking/savings accounts which you cannot get to because the bank is closed or inaccessible due to the disaster?		

Is anyone in your household employed by (insert name of State SNAP agency)?		
Are you a current Supplemental Nutrition Assistance (Food Stamp Program) participant? If yes, State: _____ County: _____		

List the members of your household, including yourself, who were living and eating with you at the time of the disaster. List each household member's social security number (SSN) if available. Applicants are *not required* to have or give their Social Security Number on this application in order to qualify for D-SNAP. 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 during the D-SNAP benefit period (list start/end dates). **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. (if available)	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.**	
	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/replace 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. This application is subject to review by Federal and State authorities 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.