

# APPLICATION FOR DISASTER FOOD ASSISTANCE



## FOR AGENCY ONLY

### Disaster Authorization Period:

Begin: \_\_\_\_\_ End: \_\_\_\_\_

Case Number: \_\_\_\_\_

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 Food Assistance benefits. When you are interviewed, you must show identification and may be required to verify your residency 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 Food Assistance benefits. **DO NOT WRITE IN SHADED AREAS.**

Head of Household	Verified	Authorized Representative
Permanent Home Address with zip code		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 or working 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 OF DISASTER PERIOD>?		
Did the disaster delay, reduce or stop any of your household's income?		
Does your household have any 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 food assistance 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. However, applicants are *not required* to have or give their social security number on this application in order to qualify for Disaster Food 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 Food 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		PART E – EXPENSES	
List all cash your household will be able to get to during the disaster		List disaster-caused expenses that your household paid or expects to pay during this disaster. <b>DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD, SUCH AS INSURANCE.</b>	
	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 Disaster Food Assistance, it must follow the rules listed below. This application is subject to review by Federal and State authorities review to make sure you were eligible for Disaster Food Assistance.

**DO NOT give false information or hide information to get or to continue to get food assistance benefits.**

**DO NOT give or sell food assistance or authorization documents to anyone not authorized to use them.**

**DO NOT alter any food assistance authorization documents to get benefits you are not entitled to.**

**DO NOT use food assistance to buy unauthorized items such as alcohol or tobacco.**

**DO NOT use another household's food assistance or authorization documents for your household.**

## USDA Nondiscrimination Statement

### Do Not Send Applications Here

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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