

DISASTER FOOD ASSISTANCE PROGRAM APPLICATION WORKSHEET – AGENCY USE ONLY

Section I

Case Name _____

Case Number _____

Social Security Number _____

Section II

1. **Income** (“take home”) received or expected during benefit period _____ Part C
2. **Accessible Resources** (cash on hand, checking or saving accounts) + _____ Part D
3. **Total** (Income + Resources) = _____
4. **Unreimbursed Disaster-Related Expenses** (actual or expected during benefit period) - _____ Part E
5. **Adjusted Income** (Total – Disaster Related Expenses) (if 4 is greater than 3, then enter 0) = _____

6. Disaster FA Household Size		Disaster Gross Income Limit	
--------------------------------------	--	------------------------------------	--

If #5 is less than #6, then the household is eligible for Disaster Food Assistance

Household Size	Disaster Gross Income Limit	Maximum Allotment
1	\$2085	\$291
2	\$2514	\$535
3	\$2942	\$766
4	\$3380	\$973
5	\$3845	\$1155
6	\$4308	\$1386
7	\$4736	\$1532
8	\$5165	\$1751
Each additional Member	+\$429	+\$219

Section III			
ELIGIBLE		INELIGIBLE	
AMOUNT:			
BENEFIT PERIOD:		<input type="checkbox"/> Adjusted income exceeds disaster gross income limit.	
Worker Signature:		Worker Number:	
Date:		Office:	
Comments:			