## North Carolina Division of Social Services **Application For Disaster Food and Nutrition Services** Disaster Auth. Period: 09/25/2024 - 10/24/2024 County: Application Date: INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. Before completing this application, please review the Penalty Warning Section (Part G) of this application. If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive food assistance. All applicants for disaster benefits must show identification. You may be required to show proof that your **household** lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to get or use your food assistance. Do Not Write In The Shaded Areas. Head of Household Name: \_\_\_\_\_\_ Authorized Representative(s) Name: Identification Verified/Source Telephone Number: Temporary Telephone Number: Residence Home Address: Temporary Address \_\_\_\_ \_\_\_\_\_State \_\_\_Zip Code State \_\_\_Zip Code \_ **PART A - HOUSEHOLD SITUATION** YES NO 1. Are you currently receiving Food and Nutrition Services benefits (food stamps)? If Yes, enter: **STATE**: COUNTY: Was your EBT card lost in the disaster? YES NO 2. Was your household living in the disaster area at the time of the disaster? If yes, What was your county of Residence during the time of the disaster? : 3. While the effects of the disaster are being cleaned up, will your household be buying food? 4. Answer all the following: a. Did the disaster damage or destroy your home or self-employment property? b. Did the disaster delay, reduce or stop your household's income? c. Does your household have any additional expenses as a result of the disaster, including food loss? d. 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? 5. Are you or anyone in your household employed by the County Department of Social Services/Human Services and working in the administration of the Disaster Food and Nutrition Services program? If yes, who? 6. Are you or anyone in your household employed by the NC Department of Health and Human Services and working in the administration of the disaster Food and Nutrition Services program? If yes, who? **PART B-HOUSEHOLD MEMBERS** List the members of your household, including yourself, who were affected by the disaster who were living and eating with you before the disaster. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSÉHOLD BECAUSE OF THE DISASTER DO NÓT LIST MEMBERS OF THAT HOUSEHOLD. List each household member's social security number (SSN), if available, and date of birth. The SSN is not required in order to qualify for disaster benefits. PART C-INCOME List the source and amount of take home pay between 09/25/2024 - 10/24/2024. Types of income include but are not limited to wages, self-employment, child support, SSI, Social Security benefits, Unemployment Insurance Benefits (UIB), Work First, etc. List any other income your household members have received or expect to receive while the Disaster Food Assistance Program is operating. PART B - HOUSEHOLD MEMBERS (Attach Separate Sheet if Needed) **PART C - INCOME** Total Income you will SOCIAL **BIRTH** receive between **NAME SECURITY** RACE SEX TYPE OF INCOME/EMPLOYER DATE 09/25/2024 -NUMBER 10/24/2024

		Total income	\$
PART D- ACCESSIBLE CASH RESOURCES		PART F - ELIGIBILITY COMPUTATION	
List all cash your household will be able to		1. Total anticipated income (C) \$	
get to between <b>09/25/2024 - 10/24/2024.</b>	AMOUNT	, , ,	+ \$
Cash on hand		resources (D)	. Ψ
		` '	= \$
Total resources	\$		
PART E – EXPENSES		4. Total disaster expenses (E)	- \$
List the disaster-caused expenses that your household paid or expects to		5. Total available funds	
pay between <u>09/25/2024 - 10/24/2024.</u> Do not include expenses that were or will be paid by someone outside		(Subtract #4 from #3) = \$	
your household, such as cost covered by insurance or landlords.		6. Maximum Gross Income Limit	
AMOUNT		(Amount from Disaster Table)	\$
Cost to protect property during disaster		☐ ELIGIBLE (#5 is equal to or l	less than #6)
Cost to repair or replace items for home or self-		☐ INELIGIBLE (#5 is greater th	•
employment property			
Dependent care due to disaster		Denial Reason: ☐ No Disast	er-Related Loss
Temporary shelter expenses		Excess Income Residence	
Funeral/medical expenses due to disaster		Application Opened in Error	,
Moving and storage costs due to disaster		Other	
Other disaster-related expenses			
Food destroyed in disaster (no replacement required)	-		
PART G - PENALTY WARNING	\$		
DO NOT give false information or hide information to get or to continue to get Food and Nutrition Services.  DO NOT give or sell your benefits or authorization documents to anyone not authorized to use them.  DO NOT alter any document to get Food and Nutrition Services you are not entitled to.  DO NOT use Food and Nutrition Services to buy unauthorized items such as alcohol or tobacco.  DO NOT use another household's Food and Nutrition Services or authorization document for your household.  If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services permanently, and may be fined up to \$250,000 and/or jailed up to 20 years.  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: <a href="https://www.usda.gov/sites/default/files/documents/ad-3027.pdf">https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</a> , from any USDA office, by calling (833) 620-1071, 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  This institution is an equal opportunity provider.			
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 and Nutrition Services 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. My signature gives the Department of Social Services permission to verify the information I have provided.			
APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNE	SS (if signed with	an X):	
Signature (Applicant or Authorized Representative):		Date:	
Witness Signature(If signed with X):		Date:	
Interviewer			
Keyer			

Keyer\_