

| North Carolina Division of Social Services Application For Disaster Food and Nutrition Services | | | | | Disaster Authorization Period Begin: 08/27/2011 End: 09/25/2011 | | |
|---|------------------------|------------|--------------------------------|-------------------------------------|--|---|----|
| Case Number: | | | Application Date: | | County: | | |
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| INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. Before completing this application, please review the Penalty Warning Section (Part F) 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 must 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 | | | Identification Verified/Source | AUTHORIZED REPRESENTATIVE(S) | | | |
| PERMANENT HOME ADDRESS AND TELEPHONE NO. | | | Verified/Source | TEMPORARY ADDRESS AND TELEPHONE NO. | | | |
| PART A - HOUSEHOLD SITUATION | | | | | | YES | NO |
| 1. Are you currently receiving Food and Nutrition Services benefits (food stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter: STATE: _____ COUNTY: _____ | | | | | | | |
| 2. While the effects of the disaster are being cleaned up, will your household be buying food? | | | | | | | |
| 3. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions: County of Residence: _____ | | | | | | | |
| • Did the disaster damage or destroy your home or self-employment property? | | | | | | | |
| • Did your household have a food loss due to the disaster or food spoiled due to a power outage of at least 8 hours? | | | | | | | |
| • Did the disaster delay, reduce or stop your household's income? | | | | | | | |
| • 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? | | | | | | | |
| • Does your household have any additional expenses as a result of the disaster? | | | | | | | |
| List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER DO NOT LIST MEMBERS OF THAT HOUSEHOLD. List each household member's social security number (SSN), if available, date of birth, and source and amount of take-home pay . 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. The SSN is not required in order to qualify for disaster benefits. | | | | | | | |
| PART B - HOUSEHOLD MEMBERS (Attach Separate Sheet if Needed) | | | | | PART C - INCOME | | |
| NAME | SOCIAL SECURITY NUMBER | BIRTH DATE | RACE | SEX | TYPE OF INCOME/EMPLOYER | TOTAL INCOME AMOUNT FOR DISASTER PERIOD | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Income | | | | | | \$ | |

In 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, SUCH AS COST COVERED BY INSURANCE OR LANDLORDS.**

| PART D – ACCESSIBLE CASH RESOURCES | | AMOUNT | PART F - ELIGIBILITY COMPUTATION | |
|--|--|-----------------|--|--|
| Cash on hand | | | 1. Total anticipated income (C) | \$ _____ |
| Checking accounts | | | 2. Total accessible cash resources (D) | + \$ _____ |
| Savings accounts | | | 3. Add #1 and #2 | = \$ _____ |
| Total Resources | | \$ _____ | 4. Total disaster expenses (E) | - \$ _____ |
| PART E – EXPENSES | | AMOUNT | 5. Total available funds (Subtract #4 from #3) | = \$ _____ |
| Food destroyed 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Funeral/medical expenses due to disaster | | | 8. INELIGIBLE (#5 is greater than #6) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Moving and storage costs due to disaster | | | | |
| 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 | | | | |
| Total Expenses | | \$ _____ | | |

PART G - PENALTY WARNING

If your household gets Food and Nutrition Services (FNS), it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food assistance 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 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.

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 WITNESS (if signed with an X):

Signature: _____ **Date:** _____

Interviewer: _____ **Processor:** _____ **Keyer:** _____

Date: _____ **Date:** _____ **Date:** _____

Certification Period: _____

Denial Reason: (Check the Appropriate Box) Excess Income No Disaster-Related Loss
 Residence Out of County Application Opened in Error
 Other: _____