

**North Carolina Division of Social Services  
Application For Disaster Food and Nutrition Services**

**Disaster Authorization Period  
Begin: September 7, 2018  
End: October 6, 2018**

**Case Number:**

**Application Date:**

**County:**

**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 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.**

<b>HEAD OF HOUSEHOLD</b>	<b>Identification Verified/Source</b>	<b>AUTHORIZED REPRESENTATIVE(S)</b>
<b>PERMANENT HOME ADDRESS AND TELEPHONE NO.</b>	<b>Verified/Source</b>	<b>TEMPORARY ADDRESS AND TELEPHONE NO.</b>

**PART A - HOUSEHOLD SITUATION**

	YES	NO
1. Are you currently receiving Food and Nutrition Services benefits (food stamps)? If Yes, enter: <b>STATE:</b> _____ <b>COUNTY:</b> _____		
2. Was your EBT card lost in the disaster?		
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: _____		
4. Did the disaster damage or destroy your home or self-employment property?		
• Did the disaster delay, reduce or stop your household's income?		
• Does your household have any additional expenses as a result of the disaster, including food loss?		
• 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?		
• While the effects of the disaster are being cleaned up, will your household be buying food?		
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?		
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 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 <b>take-home pay between September 7, 2018 and October 6, 2018</b> . 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.		

<b>PART B - HOUSEHOLD MEMBERS (Attach Separate Sheet if Needed)</b>					<b>PART C - INCOME</b>	
<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>BIRTH DATE</b>	<b>RACE</b>	<b>SEX</b>	<b>TYPE OF INCOME/EMPLOYER</b>	<b>Total Income you will receive between 9/7/18 and 10/6/18</b>
<b>Total income</b>						<b>\$</b>

**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 between **September 7, 2018 and October 6, 2018**. 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)	\$ _____
			2. Total accessible cash resources (D)	+ \$ _____
			3. Add #1 and #2	= \$ _____
<b>Total resources</b>		\$ _____	4. Total disaster expenses (E)	- \$ _____
<b>PART E – EXPENSES Between 9/7/18 and 10/6/18</b>	<b>AMOUNT</b>		5. Total available funds (Subtract #4 from #3)	= \$ _____
Cost to protect property during disaster			6. Maximum Gross Income Limit (Amount from Disaster Table)	\$ _____
Cost to repair or replace items for home or self-employment property			7. ELIGIBLE (#5 is equal to or less than #6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent care due to disaster			8. INELIGIBLE (#5 is greater than #6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food destroyed in disaster				
Funeral/medical expenses due to disaster				
Moving and storage costs due to disaster				
Other disaster-related expenses				
Temporary shelter expenses				
<b>Total expenses</b>		\$ _____		

**PART G - PENALTY WARNING**

**If your household gets Disaster Food and Nutrition Services (DFNS), it must follow the FNS 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.**

**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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; Fax: (202) 690-7442; or Email: [program.intake@usda.gov](mailto:program.intake@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 WITNESS (if signed with an X):**

**Signature (Applicant or Authorized Representative):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature (If signed with X):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewer and Date :** \_\_\_\_\_ **Processor and Date:** \_\_\_\_\_ **Keyer and Date:** \_\_\_\_\_

**Certification Period** \_\_\_\_\_

**Denial Reason: (Check the Appropriate Box)**  Excess Income  No Disaster-Related Loss  Residence Out of County

Application Opened in Error  Other \_\_\_\_\_