

# APPLICATION FOR EMERGENCY FOOD STAMP ASSISTANCE

COUNTY USE ONLY	
CASE NUMBER	
WORKER	
DATE RECEIVED	

Disaster benefit period: \_\_\_\_\_ to \_\_\_\_\_

**IMPORTANT INFORMATION – READ CAREFULLY**

**YOUR RIGHTS AS AN APPLICANT OR RECIPIENT:**

- To be served without regard to race, color, national origin, religion, political affiliation, sex, handicap, or age, and to file a complaint if you feel you have been discriminated against.
- To get emergency food stamps within one day if you are eligible.
- To talk about any action regarding your case with the County Welfare Department and to ask for a state hearing within 90 days.
- To have an immediate review by a supervisor if your application is denied.
- To file a complaint or ask for a state hearing by writing to your County Welfare Department or by calling toll-free 1-800-952-5253. The toll-free number for the deaf (TDD) is 1-800-952-8349.
- To represent yourself at a state hearing or be represented by a household member, friend, attorney, or any other person.

- You may authorize someone else to pick up your food stamps for you or to use them to buy your food. If you would like to authorize someone, complete below:

NAME OF AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER
ADDRESS	
CITY	

**PENALTY WARNING!!**

IF YOUR HOUSEHOLD GETS FOOD STAMPS, IT MUST FOLLOW THE RULES LISTED BELOW. FAILING TO REPORT INFORMATION OR MISREPRESENTATION OF FACTS CAN RESULT IN LEGAL PROSECUTION WITH PENALTIES OF A FINE, IMPRISONMENT OR BOTH. THE PENALTIES CAN RESULT IN DISQUALIFICATION FROM THE PROGRAM, FINES UP TO \$250,000 OR IMPRISONMENT FOR UP TO 20 YEARS. THE DISQUALIFICATION PENALTIES ARE 6 MONTHS FOR THE FIRST VIOLATION, 12 MONTHS FOR THE SECOND VIOLATION, AND PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION.

- Do not give false information or withhold information to get food stamps.
- Do not trade or sell food stamps, Authorization to Participate Cards (ATPs), or any other issuance device.
- Do not alter ATPs or any other issuance device to get food stamps you are not entitled to receive.
- Do not use food stamps to buy ineligible items such as alcoholic drinks and tobacco.
- Do not use someone else's food stamps, ATPs or any other issuance device for your household.

**YOUR RESPONSIBILITIES AS AN APPLICANT OR RECIPIENT:**

- Answer the questions truthfully and completely, the best you can. If you refuse to provide any of the needed information, you will not get food stamps.
- At your interview, you must show proof of the identity of the head of household, the identity of the person completing the application, and if possible, proof of the household's residence at the time of the disaster.
- You must cooperate with county, state and federal staff if you are selected for a review after the disaster period.

**INSTRUCTIONS:** Please complete the questions on this form for your expected circumstances during the disaster benefit period shown above. You, another member of your household or another adult who knows you may complete this form. If it is completed by an adult who is not a member of your household, attach written approval signed by the head of the household or another adult household member.

NAME (HEAD OF HOUSEHOLD)	
PERMANENT HOME ADDRESS AT TIME OF DISASTER	TELEPHONE NUMBER
TEMPORARY ADDRESS	TELEPHONE NUMBER

COUNTY USE ONLY	
<input type="checkbox"/>	Disaster Application
<input type="checkbox"/>	Disaster Recertification
Can the head of household's identity be verified?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
Type of verification:	
Is permanent residence in disaster area?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
Type of verification:	
Can the household's residence be verified?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
Type of verification:	

**PART A – HOUSEHOLD SITUATION. (You must check Yes or No for each question)**

- Have you paid or expect to pay during the disaster benefit period any of the following disaster-related expenses: repairs or replacement of home, business, or rental property; temporary shelter; moving from evacuated home; protecting home, business, or rental property; medical, burial or funeral resulting from disaster-related injuries?  YES  NO
- Are you unable to get to your household's income or cash resources?  YES  NO
- Have your income or cash resources been lowered, delayed or stopped because of the disaster?  YES  NO
- Will you be buying food and preparing meals during the disaster benefit period?  YES  NO

**PART B – HOUSEHOLD MEMBERS**

5. List the names of all persons applying for emergency food stamps. Include only persons who **were living with you at the time of the Disaster.**

NAME (HEAD OF HOUSEHOLD) (HH)		SSN*	BIRTHDATE
A.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
B.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
C.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
D.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
E.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
F.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
G.			

\* Telling your Social Security Number (SSN) is voluntary. It will be used for identification purposes only.

6. Is anyone listed above currently disqualified from the Food Stamp Program for program violation (fraud) or for failing to do a work requirement?  YES  NO  
If Yes, who?

**PART C – INCOME/RESOURCES/EXPENSES**

7. a. What is the total amount of take home pay or other income all persons listed above have received or will get during the disaster benefit period? \$ \_\_\_\_\_  
b. List all your income sources:

8. List all cash resources the persons listed above will be able to get to during the disaster benefit period. Do not include any money listed in number 7.

Cash on Hand	Savings Accounts	Checking Accounts	Other
\$ _____	\$ _____	\$ _____	\$ _____

9. Enter the amount of expenses for losses or damages related to the disaster which you have paid or expect to pay during the disaster period. Do not list amounts which will be paid by someone who is not listed above or which will be reimbursed during the disaster period.

- a. Repair or replacement of home, business or rental property. \$ \_\_\_\_\_
- b. Temporary shelter expenses. \$ \_\_\_\_\_
- c. Moving costs from evacuated home. \$ \_\_\_\_\_
- d. Expenses for protecting home, business or rental property. \$ \_\_\_\_\_
- e. Medical or funeral expenses resulting from disaster-related injuries. \$ \_\_\_\_\_

10. a. Is anyone listed above currently getting food stamps?  YES  NO  
If YES, who? \_\_\_\_\_ Monthly Allotment \$ \_\_\_\_\_  
b. Did they ask for or get replacement stamps for this month?  YES  NO

**YOUR CERTIFICATION**

I certify that I understand the questions on the application and that my household is in need of emergency food assistance. I have read the above Penalty Warning (or had it read to me). I authorize the release of any information necessary to determine the accuracy of my eligibility. If I am selected, I will fully cooperate with county, state and federal staff in a review to be conducted after the disaster benefit period. I also understand that I may be required to repay any benefits which are overpaid because I, another adult household member, or the authorized representative reports incorrect or incomplete information.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on my application is true, correct, and complete.

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)

DATE

WITNESS, IF YOU SIGNED WITH AN "X"

DATE

**COUNTY USE ONLY**

Number of Persons in household from (5) \_\_\_\_\_

Number of IPV/ET disqualified from (6) – \_\_\_\_\_

Household size = \_\_\_\_\_

**Computation**

A. Anticipated Income (from (7)) \$ \_\_\_\_\_

B. Accessible Cash Resources (from (8)) + \$ \_\_\_\_\_

C. Total disaster period income = (A+B) \$ \_\_\_\_\_

D. Total allowable disaster-related expenses (from (9)) – \$ \_\_\_\_\_

E. Accessible disaster period income = (C-D) \$ \_\_\_\_\_

F. Maximum Disaster Income Limit for household size (from Table) \$ \_\_\_\_\_

If E is equal to or less than F, the household is eligible.

Eligible:  YES  NO

**Allotment**

1. Disaster Allotment (from Table) \$ \_\_\_\_\_

2. Regular Allotment Already Received – \$ \_\_\_\_\_

3. Net Disaster Allotment (1–2) = \$ \_\_\_\_\_

Issuance document ID Number # \_\_\_\_\_

Client ID issued  YES  NO

WORKER'S SIGNATURE DATE

SUPERVISOR'S SIGNATURE DATE