

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814

**HURRICANE KATRINA INFORMATION****September 14, 2005**

ALL COUNTY INFORMATION NOTICE NO. I-55-05

TO: ALL COUNTY WELFARE DIRECTORS
 ALL FOOD STAMP COORDINATORS
 ALL QUALITY CONTROL COORDINATORS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: THE NATIONAL ENHANCED POLICY FOR EVACUEES

The purpose of this notice is to provide the counties with information on the National Enhanced Policy for Evacuees. The Food Stamp Program is implementing a new, one-month policy for certifying evacuees who have left Alabama, Louisiana, and Mississippi because of Hurricane Katrina. This policy applies for applications made in September or October, 2005. The policy provides for a one-month maximum food stamp benefit for any evacuee both public assistance (PA) and non-assistance (NA) households. Eligibility is based simply on evacuee status as provided below:

Applicability - This policy applies to a household applying for Food Stamp benefits that meets all four of the following requirements:

- The household lived in a county or parish in Alabama, Louisiana, or Mississippi on August 29, 2005; and
- President Bush declared the applicant's county or parish to be a disaster area; and
- The household has moved to a state other than the state the household was living in on August 29, 2005. (This policy does not apply to a household that did not move (or moved within the state) affected by Katrina.); and
- The household applies for food stamp benefits by October 31, 2005.

Allotment

- The household will receive the maximum allotment for its household size.
- The county will **not** prorate the allotment.
- One monthly allotment may be issued either for September or October, 2005 depending on the month of application.

Household size

- The county will request information regarding household size and use that information to calculate the allotment.

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- The county will treat the household as a separate household, even if the household purchases and prepares meals with others.

Eligibility – There are no income or resource eligibility tests. There are no other non-financial tests. All evacuee households, both PA and NA, are considered homeless and, therefore, are change reporting households.

Deductions – The County will not request information regarding deductible expenses because an entitled household will receive the maximum allotment for its household size.

Verification – The County will verify every applicant's identity to the extent possible. A number issued by the Federal Emergency Management Agency (FEMA) or the debit card issued by FEMA is sufficient to verify identity. Other documentation can include collateral contacts or the applicant's self-declaration under penalty of perjury. The County must also verify residence in the area affected by Hurricane Katrina. If no verification is available, a sworn statement under penalty of perjury is acceptable.

Quality Control – These cases are not subject to quality control reviews.

Cases Already Approved or Denied in September

For cases already approved, counties must supplement the household up to the maximum benefit amount for household size.

For cases denied in September, every attempt needs to be made to contact the household for purposes of providing a one month maximum allotment based on these rules.

Certification for Evacuee Households

The process for certifying Hurricane Katrina evacuee households is as follows:

- In the first month of the certification period, the household is entitled to one full month of maximum allotment for their household size to be processed within 24 hours of application.
- If an application is taken in September, a full month's worth of benefits must be issued for the month, regardless of the date of application based on rules provided in this letter. The same is applicable if the evacuee household applies in October.
- A state developed brief application (TEMP 2224) along with an instruction sheet is attached as a guide for processing the first maximum allotment for the first month of the four month certification period allowed for evacuee households.
- Counties may accept the regular food stamp application forms at the same time the TEMP 2224 is received. The purpose of providing regular food stamp

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application forms at the same time is to begin the process for certification of 3 additional months of expedited services as stated in ACIN I-53-05.

- The last certification month for all evacuee households is December 31, 2005.

FEMA Referrals

Counties are encouraged to refer Hurricane Katrina evacuee households to FEMA by having them call 1-800-621-FEMA or through their website at www.fema.gov. FEMA can provide households with further assistance and benefits that the Food Stamp Program cannot provide.

Translations and Camera-Ready Copies

For camera-ready copies in English of the TEMP 2224 and instructions forms, please call the Forms Management Unit at (916) 657-1893. You can obtain these forms online from the California Department of Social Services' (CDSS) web page at: <http://www.dss.cahwnet.gov>. Translated materials are posted on an ongoing basis as soon as they are completed. For questions on translated materials, please call Language Services at (916) 445-6778.

If you have any questions regarding the contents of this letter, please call Rosie Avena, Food Stamp Bureau, at (916) 654-1514.

Sincerely,

CHARR LEE METSKER
Deputy Director
Welfare-to-Work Division

Attachments

INSTRUCTIONS FOR COMPLETION OF THE EVACUEES OF HURRICANE KATRINA APPLICATION

The Food Stamp Program is implementing a new, one-month policy for certifying evacuees who have left Alabama, Louisiana, and Mississippi because of Hurricane Katrina. **This policy provides for a one-month maximum food stamp benefit for any evacuee household for September OR October, 2005 depending on the month of application for food stamp benefits.** This policy applies to households that meet all four requirements: (1) the household lived in a city, county/parish in Alabama, Louisiana, or Mississippi on August 29, 2005; and (2) President Bush declared the applicant's city, county/parish to be a disaster area; and (3) the household has moved to another state; and (4) the household must apply for food stamp benefits by October 31, 2005. This policy does not apply to a household that did not move (or moved within their state) affected by Hurricane Katrina.

Counties are to ensure that questions are fully answered.

The following applies to questions 1 – 5:

Question 1: Make sure the first, middle initial and last name of the person who is the head of household applying for food stamps is completed.

The County will verify every applicant's identity to the extent possible. A number issued by the Federal Emergency Management Agency (FEMA) will be acceptable identification. If verification of identification is unavailable a collateral contact or a sworn statement under penalty of perjury will suffice.

The following applies to questions 2 – 5:

Question 2: Any Maiden or Other Name(s) the head of household who is applying for food stamps has used in the past must be entered.

Question 3 and 4: The evacuee must enter the current address or residence. Also, a mailing address is necessary if the evacuee has a post office box where he/she is receiving mail.

Question 5: If applicable, telephone number(s) and room number is necessary if applicant is staying at a motel and/or message number where the applicant can be reached if the applicant is staying at a shelter.

Question 6: The applicant must either check "Yes" or "No." If the applicant checks the "Yes" box, then they must indicate the name of the city, county/parish, and state where they lived in the declared disaster area. A "No" response indicates ineligibility for "enhanced benefits."

Note: The household must have lived in a city, county or parish in Alabama, Louisiana or Mississippi on August 29, 2005 and in an area declared by President Bush as a disaster area. To be eligible for this first month of emergency service, the applicant must apply for benefits in September, but no later than October 31, 2005. Verification of residence in an area affected by Hurricane Katrina is required. If verification is unavailable, a sworn statement under penalty of perjury is acceptable.

Question 7: The applicant must list the number of individuals that the head of household is applying for and who are also considered evacuees.

Note: The number of household members will be considered a separate household even if the household purchases and prepares meals with others.

- There are no income or resource eligibility tests. There are no other non-financial tests.
- The County will not request information regarding deductible expenses, because an entitled household will receive the maximum allotment for its household size.

Question 8: Signature of Head of Household or Authorized Representative.

APPLICATION FOR FOOD STAMP BENEFITS FOR EVACUEES OF HURRICANE KATRINA

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)		COUNTY USE ONLY	
2. MAIDEN OR OTHER NAME (IF ANY)		CASE NAME	
3. CURRENT ADDRESS: NUMBER STREET CITY STATE ZIP CODE		CASE NUMBER	
4. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE		DATE RECEIVED	
5. TELEPHONE NUMBER(S): HOME ()		Yes No Verification <input type="checkbox"/> <input type="checkbox"/>	
MESSAGE ()		Sworn Statement <input type="checkbox"/>	
6. Were you a resident of an area affected by Hurricane Katrina on August 29, 2005? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what city, county/parish and state are you from?			
7. How many persons are you applying for who are also evacuees of Hurricane Katrina and who are with you now? _____			
County Use/Comments			
<ul style="list-style-type: none"> • I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete. 			
8. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE		DATE SIGNED	
SIGNATURE OF WITNESS TO MARK OR INTERPRETER		DATE SIGNED	
		COUNTY OF APPLICATION	
		COUNTY OF RESIDENCE (IF DIFFERENT)	