

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 10, 1987

ALL COUNTY LETTER NO. 87-158

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: Emergency Food Stamp Assistance in Disasters
Application For Emergency Food Stamp Assistance, DFA 385 (11/87)
Notice of Action - Emergency Food Stamp Assistance, DFA 385-A (11/87)

The purpose of this letter is to provide counties with reproducible copies of the revised Application for Emergency Food Stamp Assistance - DFA 385 (11/87), the Notice of Action - Emergency Food Stamp Assistance - DFA 385-A (11/87), and instructions for completing both.

In the event of a disaster, the affected county may apply for authorization to issue emergency food stamps pursuant to MPP 63-900. Upon Federal approval, the county must make the Application for Emergency Food Stamp Assistance available to applicants requesting emergency food stamp assistance. The revised Application (DFA 385) and the Notice of Action (DFA 385-A) are required forms with no substitutes permitted. Therefore, the DFA 385 (10/85) and any existing approval for use of county developed forms are hereby rescinded.

Background

The Department of Social Services (DSS) was in the process of revising the DFA 385 (2/80) and developing a Notice of Action (NOA) to accompany the form when the floods of 1986 struck several Northern California counties. Three counties affected by the floods applied for and received authorization to issue emergency food stamps. In an effort to assist the counties the new DFA 385 (10/85) and NOA (10/85) were used in the client application process. This served as a pilot test for the form and NOA.

The form and NOA were revised based on the information gathered from the "pilot" counties and in conjunction with a special CWDA Disaster Food Stamp Committee.

In addition to revising the form and Notice of Action, DSS is developing a handbook to be used as a general guideline for counties that might want to apply for authorization to issue emergency food stamp assistance. The handbook will also serve as a guideline for workers who are processing clients' applications. The handbook is scheduled to be released in January, 1988.

Form Reproduction/Storage

The CWDA must reproduce their own stock of the DFA 385 and DFA 385-A. Counties may print a supply of the form and NOA to have on hand in case of a disaster or use the attached reproducible copy as a master to be printed at the time of the emergency.

The DFA 385 may be reproduced with as many copies as the county requires as long as the original is maintained in the case file.

The DFA 385-A must be reproduced in triplicate with the current NA Back printed on the reverse side of the notice.

If you have any questions regarding the DFA 385, DFA 385-A or the forthcoming handbook, please contact Barbara Cox of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2014 or ATSS 454-2014.



for ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

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 \$10,000 OR IMPRISONMENT FOR UP TO 5 YEARS. THE DISQUALIFICATION PENALTIES ARE 6 MONTHS FOR THE FIRST VIOLATION, 12 MONTHS FOR THE SECOND VIOLATION, AND PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION.

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.

- 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.

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)

- | | | |
|---|--------------------------|--------------------------|
| 1. 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you unable to get to your household's income or cash resources? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have your income or cash resources been lowered, delayed or stopped because of the disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will you be buying food and preparing meals during the disaster benefit period? | <input type="checkbox"/> | <input type="checkbox"/> |

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	RELATION TO HH	SSN *	CITIZEN?	BIRTHDATE
A.			YES <input type="checkbox"/> NO <input type="checkbox"/>	
B.	RELATION TO HH	SSN *	YES <input type="checkbox"/> NO <input type="checkbox"/>	BIRTHDATE
C.	RELATION TO HH	SSN *	YES <input type="checkbox"/> NO <input type="checkbox"/>	BIRTHDATE
D.	RELATION TO HH	SSN *	YES <input type="checkbox"/> NO <input type="checkbox"/>	BIRTHDATE
E.	RELATION TO HH	SSN *	YES <input type="checkbox"/> NO <input type="checkbox"/>	BIRTHDATE
F.	RELATION TO HH	SSN *	YES <input type="checkbox"/> NO <input type="checkbox"/>	BIRTHDATE
G.	RELATION TO HH	SSN *	YES <input type="checkbox"/> NO <input type="checkbox"/>	BIRTHDATE

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

6. Is anyone listed above a student 18 years or older who attends college or training? YES NO

7. Is anyone listed above currently disqualified from the Food Stamp Program? YES NO

PART C — INCOME/RESOURCES/EXPENSES

8. 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: _____

9. 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 8.

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

10. 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. \$ _____

11. 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

WORKER'S SIGNATURE

WITNESS, IF YOU SIGNED WITH AN "X"

DATE

SUPERVISOR'S SIGNATURE

DATE

COUNTRY USE ONLY

Non-Household/Excluded Member Codes (63-402)

Computation

A. Anticipated income from 8 \$ _____

B. Accessible Cash + Resources + 9 (from) \$ _____

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

D. Total allowable disaster-related expenses - 10 (from) \$ _____

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 household size \$ _____

F. the household is eligible. YES NO

Eligible: YES NO

1. Disaster Allotment (from Table) \$ _____

2. Regular Allotment \$ _____

3. Net Disaster Allotment = (1 - 2) \$ _____

Issue document ID Number _____

Client ID Issued YES NO

DATE

NOTICE OF ACTION —
EMERGENCY FOOD STAMP ASSISTANCE

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask the Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

APPROVAL.

Your application for emergency food stamp benefits has been approved for the disaster benefit period of _____ to _____. For this period you will get \$_____ in food stamps for _____ people.

If the disaster benefit period is extended you may be entitled to additional benefits. Watch and listen for news that the period has been extended. If you want to get benefits for the extended period you must apply again.

IMPORTANT: Do not lose this notice. You must take it to the location shown below to get your food stamps.

DENIAL.

Your application for emergency food stamp benefits has been denied.

Here's why:

If your circumstances change during the period when emergency food stamps are being issued and you think that you would be eligible for emergency benefits, you may reapply. You may also apply for benefits from the regular Food Stamp Program at any time. To do this, contact:

If you believe that this denial is wrong, you may ask for a supervisor to review your case. Tell your worker you want this review now.

Rules: These rules apply. You may review them at your welfare office: MS 63-900.54

Rules: These rules apply. You may review them at your welfare office:

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date: _____

Application for Emergency Food Stamp Assistance (DFA 385)

Form Instructions

PURPOSE:

In the event of a disaster, the Food and Nutrition Service (FNS) may, upon request, authorize the issuance of Emergency Food Stamp Assistance. During an approved disaster benefit period, the Application for Emergency Food Stamp Assistance (DFA 385) is to be used by households affected by the disaster which are applying for Emergency Food Stamp Assistance. This is a required form with no substitutes permitted.

To determine eligibility, the DFA 385 must be completed and signed, the household or its authorized representative must be interviewed and certain information on the application must be verified.

The DFA 385 is also used by the worker to determine the household's eligibility, figure the amount of the food stamp allotment, and document the disposition of the application.

GENERAL INSTRUCTIONS

PREPARATION:

- o Enter the beginning and ending dates of the approved disaster benefit period in the area entitled "Disaster benefit period ____ to ____", just below the form heading, prior to giving the form to the household to complete.

INTERVIEW:

- o All applicants must be interviewed. This could be either an individual or a group interview.

HELPFUL HINT: The individual interviewed may be the head of the household, spouse, any other responsible member of the household, or an authorized representative

- o The interviewer must verbally advise the applicant of his/her rights and responsibilities and the penalties for program violation.
- o The interviewer must inform the applicant when the certification period for Emergency Food Stamp Assistance ends.
- o The interviewer must also inform the applicant that the household may be subject to a post-disaster review.
- o If the household wishes to apply for regular food stamps the interviewer must advise the household either verbally or in writing of the address and telephone number of the appropriate office.
- o Each household approved for Emergency Food Stamps must be informed of the proper use of food stamps; e.g., items that can be purchased, items not to purchase, food stamps can not be transferred, etc.

PROCESSING THE FORM:

- o When the DFA 385 is received from the applicant, the worker must complete the "County Use Only" section in the upper right hand corner of the application.
- o Check to see if the client has chosen an authorized representative to pick up the food stamps and purchase his/her food. If the client has chosen an authorized representative, that person's name must be shown on the issuance document (ATP or other issuance device) when it is determined that the household is eligible for emergency food stamps.
- o Review the rest of the form to ensure all parts are completed. Discuss any missing items with the applicant and enter any additional information.

SPECIFIC FORM INSTRUCTIONS**HEAD OF HOUSEHOLD IDENTITY AND ADDRESS:**

- o Review this section to ensure that all areas are filled in. At a minimum there must be an entry for name and permanent home address. If no temporary address is listed, ascertain if the client is still living at the permanent address. If not, enter new permanent address in temporary address box and note it is permanent. Discuss any incomplete items with the applicant and enter any additional information.

COUNTY USE ONLY SECTION (front page)**Application Type**

- o Check the appropriate box for a new or recertification application.

NOTE: When a disaster benefit period has been extended the client must reapply and be recertified in order to receive more than one issuance of emergency food stamps.

Head of Household Verification

- o For new applications, verify the identity of the head of household or the applicant, if not head of household. Check the appropriate box and list the type of verification.

HELPFUL HINT: Types of verification can be, but are not limited to: driver's license, work or school ID, voters registration card, birth certificate. If necessary, a collateral contact may be used..

- o If the application is completed by an authorized representative, check the written authorization from the household and verify the identity of the authorized representative as the person designated by the household.

NOTE: o Emergency Food Stamps may not be issued unless these verifications are completed.

- o If the identity of the head of household cannot be verified despite efforts of the household and the CWD, the application shall be denied. The CWD must document its attempts to verify the head of household's identity.
- o At recertification, identity must be reverified only if questionable.

Residence in Disaster Area Verification

- o Verify that the permanent residence, at the time of disaster, is in the designated disaster area. Check the appropriate box and list the type of verification.

HELPFUL HINT: Types of verification can be, but are not limited to: maps of the affected geographical area, zip code lists, and if necessary, collateral contact.

Permanent Address Verification

- o Verify that the household lived at the permanent address. Check the appropriate box and list the type of verification.

HELPFUL HINT: Types of verification can be, but are not limited to; driver's license, work or school ID, voters registration card, birth certificate, rent receipts, utility bills, and when necessary, telephone books, city directories and/or collateral contact.

PART A - HOUSEHOLD SITUATION

- o To be eligible for emergency food stamps, the household MUST answer Yes to EITHER Questions 1, 2, or 3 AND Question 4.
- o Any household who does not meet the above eligibility criteria will be denied. A Notice of Action (DFA 385-A) indicating the action taken and the reason for the action must be completed and given to the household.

Part B - HOUSEHOLD MEMBERS

- o Review the information in Part B to determine which persons should be considered household members.
- o Existing Food Stamp Program regulations concerning household composition must be applied in making this determination (MS 63-402, 63-403, 63-406, 63-408, and 63-900.543).

EXCEPTION: o Verifications required by these regulation sections are waived for emergency assistance purposes.

- o SSI recipients are eligible to participate in the Emergency Food Stamp Assistance Program if otherwise eligible. However, the entire SSI payment must be counted as income.

NOTE: o Any person currently disqualified from the Food Stamp Program due to IPV sanction or other similar disqualification is also barred from receiving emergency food stamp assistance.

- o Clients are asked to provide the SSNs of those applying for emergency food stamp assistance. The SSN is completely voluntary for this purpose, therefore no one should be denied emergency food stamp assistance solely because he/she does not provide an SSN.

- NOTE:
- o For new applications, all possible attempts must be made to verify that the household lived in the disaster area at the time the disaster occurred, and to verify the household's residency at the time of the disaster.

 - o The emergency food stamp rules require verification of the identity of the head of household, verification of the permanent address and verification that the permanent address is in the disaster area. There is no need to verify information beyond this point.

 - o If it is not possible to obtain verification of residency, emergency food stamps MAY NOT BE DENIED on this basis alone.

 - o At recertification, residency verification should be attempted only if questionable or if the household has moved since filing its initial application.

- o The County Use Only section next to Part B is to be used as a summary of the household's composition. In the space provided, enter the appropriate nonhousehold or excluded member code (reason for exclusions).

- o Enter the number of persons to be included in the household in the space provided for "Household Size".

NOTE: If it is determined that there is more than one head of household, a second application must be completed by the second head of household if that household wants to apply for emergency food stamp assistance.

Part C - INCOME/RESOURCES/EXPENSES

- o Verification of the income, resources and expenses listed in questions 8 - 10 is waived.
- o Use this information to compute the household's accessible disaster benefit period income as outlined below. See County Use Only Computation.

Question 11 - Current Participation

- o A "Yes" answer to Question 11 DOES NOT make a household ineligible for emergency food stamps.
- o If the person listed received benefits from the regular Food Stamp Program during the disaster period, and is included in the household applying for emergency food stamps, the amount of benefits received during the month of disaster should be deducted from the emergency allotment. See County Use Only - Allotment.

CERTIFICATION SECTION

- o Check to ensure that all required signatures and dates are on the application.

COUNTY USE ONLY**Computation**

- o Complete the computation by entering the appropriate information from Question 8 - 10 and the Disaster Income Limit and Allotment Amounts Table (furnished at the time of the disaster) for the appropriate household size.

NOTE: o SSI benefits must be counted as income.

- o Any FEMA/IFG payments received are to be counted as income.

- o Expenses: Incurring the expense does not render it deductible if the household will not pay for it until after the disaster benefit period is over.

- o If no table is available, the Food Stamp Maximum Income Limit may be computed by increasing the Net Income Limit (MS 63-1101) for the appropriate household size by the standard deduction and the maximum shelter/dependent care deduction for households that do not contain an elderly or disabled member.

- o If the household has met all other eligibility conditions and line E is equal to or less than line F, the household is eligible.

- o If line E is greater than line F, the household is ineligible.

- o Check the appropriate box to reflect the household's eligibility.

NOTE: If the household is determined ineligible for emergency food stamps, complete the denial section of the Notice of Action (DFA 385-A) and give the original and one copy to the applicant.

Allotment

- o For households that are determined eligible, enter the disaster allotment for the appropriate household size in the space provided. For allotment amounts refer to the Coupon Allotment Tables in MS 63-1101.
 - o If the household indicates anyone is currently receiving food stamps (Question 11), deduct any monthly allotment already received from the disaster allotment and enter the difference in Item 3.
- NOTE:
- o If the household's food has been damaged and must be replaced as a result of the disaster, the emergency coupon allotment shall not be reduced by the amount of benefits issued under the ongoing program.
 - o Persons requesting replacement of lost or damaged food stamps from the regular food stamp program shall not receive the food stamps if they have received emergency food stamp assistance.
- o Complete the Approval section of the Notice of Action (DFA 385-A) and give the original and one copy to the applicant. See Notice of Action instructions.
 - o Complete the necessary issuance document (Counties must use the regular ATP or other issuance devices) and enter the issuance document ID number on the application.
 - o Issue the household an Identification Card (ID Card) marked with the word "Disaster" and check the box that indicates the ID card has been issued.
 - o Ensure that both the worker and the supervisor sign and date the application.
 - o Retain the Application and copies of the NOA and any other pertinent information in the emergency food stamp case file.

Notice of Action - Emergency Food Stamp Assistance (DFA 385-A)

Form Instructions

PURPOSE

The Notice of Action (NOA) (DFA 385-A) is used to: 1) advise the household that its application for emergency food stamps has been approved and to show the amount of emergency food stamps it will receive; or 2) to advise the household that the application for emergency food stamps has been denied.

The NOA provides information for requesting a supervisory review for denials and reapplying if the disaster benefit period is extended. The back of the NOA explains the household's right to request a state hearing and provides instructions on how to appeal the action.

NOTE: Counties must use the current NA Back when printing the NOA form.

PREPARATION

- o Complete an original and two copies of the NOA, entering the following identifying information:
 - Notice Date
 - Case Name
 - Case Number
 - Worker Name
 - Worker Phone
 - Address
 - Head of Household's Name and Address

APPROVAL

- o Check the Approval box when an initial application or recertification has been approved. Enter the dates of the disaster benefit period and the allotment the household is entitled to receive, and the number of persons on which the allotment is based.

- o Enter an explanation if the emergency coupon allotment is reduced by the amount of benefits already issued under the ongoing program.
- o Enter the address or location where the household must go to obtain the emergency food stamps.

Manual Section(s)

- o This number has been preprinted on the form, however, if the allotment has been reduced by the amount of benefits already issued under the regular food stamp program enter the applicable manual section(s) for the action(s).

Notice of Action Distribution

- o Give the original DFA 385-A and one copy to the applicant. Retain the second copy for the case file.

DENIAL

- o Check the Denial box when an application has been denied.
- o Enter an explanation for the action.
- o Enter the address and telephone number where the household may apply for benefits under the regular Food Stamp Program.

Manual Section(s)

- o Enter the applicable manual section(s) for the action(s).

Distribution

- o Give the original DFA 385-A and one copy to the applicant. Retain the second copy for the case file.