

Date Received	
Case Number	
County Name	

Iowa Department of Human Services  
APPLICATION FOR DISASTER FOOD STAMP ASSISTANCE

Name	Number of People In Household
Permanent Address	Temporary Address

Please include the social security number of each household member. This will help us in identifying your household for computer matching and for program reviews or audits to make sure your household is eligible for food stamps. Submission of the social security number is required by the Food Stamp Act of 1977, as amended by Public Law 97-98.

Household Members

Social Security Numbers

Birth Date

1.									
2.									
3.									
4.									
5.									

Are any members of your household already certified to participate in the regular Food Stamp Program?  Yes  No

If yes, how many coupons has your household already received this month? \_\_\_\_\_

Were any of these coupons lost or destroyed in the disaster?  Yes  No

If food was lost or destroyed, what is the value of the food? \_\_\_\_\_.

I declare under penalty of fine or imprisonment, or both, that:

1. My household has not previously received disaster food assistance during this issuance period, or a replacement for destroyed coupons or food;
2. My household resides at the above address(es);
3. My household intends to purchase and prepare food for home consumption;
4. My household is in need of emergency food stamp assistance because:  
(Check as applicable)
  - a. My home has been damaged or destroyed;
  - b. My tools or equipment essential to my occupation has been damaged or destroyed;
  - c. My household incurred medical or funeral expenses as a result of the disaster;
  - d. My household's income has been interrupted as a result of the disaster.

INCOME (Take-home)

Person With Income	Source of Income	Monthly Amount Prior to Disaster	Amount This Month
1.			
2.			
3.			
4.			
TOTALS			

My household expects its income to return to its normal amount on \_\_\_\_\_ (Date)

5. My household has access to the following liquid resources:

				Total
Cash on hand	\$	Stocks, Bonds	\$	
Savings account/credit union	\$	Other	\$	

Part III

Does your household have any of the following costs?

1. Replacement or repair of the home or work-related property damaged or lost as a result of the disaster?

Explain \_\_\_\_\_ \$ \_\_\_\_\_

2. Temporary shelter costs (in addition to ongoing shelter costs for the damaged home)?

Explain \_\_\_\_\_ \$ \_\_\_\_\_

3. Medical or funeral expenses incurred as a result of the disaster loss?

Explain \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Are any of these costs reimbursable? Yes No

If yes, show:

Source (Insurance Co., etc.)	Date	Amount Received:\$

TOTAL \$ \_\_\_\_\_

Penalty Warning

THE INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO VERIFICATION BY FEDERAL, STATE AND LOCAL OFFICIALS. IF ANY IS FOUND INACCURATE, YOU MAY BE DENIED FOOD STAMPS AND BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING FALSE INFORMATION.

DO NOT give false information, or hide information to continue to get food stamps.

DO NOT trade or sell food stamps or authorization cards.

DO NOT alter authorization cards to get food stamps you're 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 or authorization cards for your household.

ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE FOLLOWING RULES CAN BE BARRED FROM THE FOOD STAMP PROGRAM FOR 6 MONTHS AFTER THE FIRST VIOLATION, 12 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY FOR THE THIRD VIOLATION. THE PERSON CAN ALSO BE FINED UP TO \$10,000, IMPRISONED UP TO 5 YEARS, OR BOTH. A COURT CAN ALSO BAR A PERSON FOR AN ADDITIONAL 18 MONTHS FROM THE FOOD STAMP PROGRAM. THE PERSON MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

Certification Statement

I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the Penalty Warning. My answers are correct and complete to the best of my knowledge.

I understand that I may have to provide documents to prove what I've said. I agree to do this. If documents are not available I agree to give the Food Stamp office the name of a person or organization they may contact to obtain the proof.

Your signature

Today's date

Witness If you signed with an X

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin or political belief.