

Iowa Department of Human Service
DISASTER APPLICATION WORKSHEET

Case No. _____ County _____ Household Size _____

Name Last _____ First _____ Initial _____

Benefit Period _____ to _____ () PA
() NPA

Permanent Address _____ City _____ Zip _____

Temporary Address _____ City _____ Zip _____

	Household Members	Social Security Numbers	Birth Date
1.	Last _____ First _____	_____	_____
2.	Last _____ First _____	_____	_____
3.	Last _____ First _____	_____	_____
4.	Last _____ First _____	_____	_____
5.	Last _____ First _____	_____	_____

Eligibility and Benefit Calculation

1. Accessible cash resources (cash on hand, checking or savings accounts) \$ _____
2. Income ("take home") received or expected during benefit period \$ _____
3. Total (1 plus 2) \$ _____
4. Unreimbursed disaster-related expenses (actual or expected) during benefit period (3 minus 4) - \$ _____
5. Adjustment income (if 4 is greater than 3, enter zero) \$ _____

COMPARE ADJUSTMENT INCOME TO DISASTER INCOME LIMITS FOR THE APPROPRIATE HOUSEHOLD SIZE. IF ADJUSTMENT INCOME IS LESS THAN OR EQUAL TO THE LIMIT, THE HOUSEHOLD IS ELIGIBLE. IF ADJUSTED INCOME IS GREATER THAN THE LIMIT, THE HOUSEHOLD IS NOT ELIGIBLE FOR DISASTER ASSISTANCE.

DISPOSITION* () Approved () Denied Allotment \$ _____

* IF THE HOUSEHOLD IS CURRENTLY CERTIFIED FOR FOOD STAMP BENEFITS, REFER TO SECTION BELOW IF THE HOUSEHOLD IS ELIGIBLE FOR DISASTER ASSISTANCE.

Allotment Calculation for Currently Certified Households

6. Disaster coupon allotment \$ _____
7. Regular allotment issued for benefit period (count all or one-half) - \$ _____
8. Supplemental amount (6 minus 7) \$ _____
9. Amount of food loss + \$ _____
10. Total (8 plus 9) \$ _____
11. Amount of supplemental issuance (lower of 6 or 10) \$ _____

Signature of Eligibility Worker _____

Date _____