

<p>Iowa Department of Human Services</p> <p>Application for Disaster Food Assistance (Pursuant to 7 CFR 280)</p> <p><i>We will consider all applicants without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief, or veteran status.</i></p>	DHS USE ONLY	
	Disaster period:	to
	Application date:	
	Regular case number:	
Disaster case number:		

INSTRUCTIONS: Complete this application truthfully and to the best of your knowledge. If you need help applying for or using Food Assistance, you can have someone help you to do those things. You need to show us who you are. If your ID was lost in the disaster, tell us. You might need to prove that your household lived in the disaster area at the time of the disaster. You might need to verify that the disaster causes you expenses. If you refuse to give information the worker asks for, your household cannot get Food Assistance.

Your name	Phone number where we can reach you
	Email address where we can reach you
Home address, city, ZIP code, and county	Temporary address, city, ZIP code, and county (if different)

PART A. TELL US ABOUT THE PEOPLE WHO LIVE WITH YOU RIGHT NOW

Fill in the information below about yourself and the people who normally live and eat with you. Include your spouse and children under 22, if they normally live with you, even if you don't always eat together. *You don't need to be a citizen or have a Social Security number to get Disaster Food Assistance. If you have more household members than available lines, please tell the interviewer.*

Don't include anyone you are temporarily staying with because of the disaster.

First/last name of everyone who <u>normally</u> lives with you	Birth Date	Social Security Number
Your name:		

Did any of the people you lived with at the time of the disaster get regular Food Assistance benefits the month the disaster happened? YES NO If YES, please tell us who:

PART B. TELL US ABOUT YOUR HOUSEHOLD'S SITUATION

<p>1. Did your household live in the disaster area at the time the disaster struck? If YES, continue to question 2. If NO, stop here. You're not eligible for Disaster Food Assistance.</p>	<p>Yes No</p>
<p>2. Will your household be buying food while the disaster damage is being cleaned up? If YES, complete the rest of this application. If NO, stop here. You're not eligible for Disaster Food Assistance.</p>	<p>Yes No</p>
<p>3. What was the exact date your household experienced a loss because of the disaster?</p>	
<p>4. What caused your loss? Please explain. (Example: ice, flood, power outage, snow)</p>	
<p>5. If a power outage caused spoiled food, how long did the outage last at your home?</p>	
<p>6. Did the disaster cause any of your household's income to be reduced, stopped, or delayed for at least two weeks after the disaster happened?</p>	<p>Yes No</p>
<p>7. Did the disaster damage or destroy your home or self-employment property?</p>	<p>Yes No</p>
<p>8. Did the disaster cause household expenses that will not be totally reimbursed by insurance during the disaster period? Even if the only thing destroyed as food, circle YES.</p>	<p>Yes No</p>

PART C. TELL US ABOUT YOUR HOUSEHOLD'S INCOME

List the take-home pay and other net income that anyone in your household has received or will receive during the 30-day disaster period. Examples of income could be *pay from work, Social Security, child support*.

Don't include anyone you are temporarily staying with because of the disaster.

What kind of income? (i.e., work, Social Security)	Who get this income?	List the dates income was received or will be received	How much?
RESERVED FOR DHS USE ONLY			TOTAL INCOME:

PART D. TELL US ABOUT CASH THAT IS AVAILABLE TO YOUR HOUSEHOLD RIGHT NOW

List any cash your household has including money in the bank that you can get to right now.

Don't include anyone you are temporarily staying with because of the disaster.

Where is the money located?	Whose money is it?	How much?
1. Do you have any outstanding checks or automatic withdrawals to be deducted from the amounts listed above? YES NO If yes, include the amount. —→		
2. Is any of the income you listed in Part C included in the amounts you listed above? YES NO If yes, include the amount. —→		
RESERVED FOR DHS USE ONLY	TOTAL OF QUESTIONS 1 AND 2:	TOTAL CASH:

PART E. TELL US ABOUT EXPENSES YOU HAVE BECAUSE OF THE DISASTER

Did the disaster cause your household any expenses listed below? Don't include items you will be reimbursed for by an insurance company during the disaster period.

Examples are listed behind the expenses.

Total your household paid or will be paying out of pocket during the disaster period

Food destroyed or spoiled (<i>refrigerator, deep freeze, cupboards</i>)	
Cost to protect property during disaster cleanup (<i>wood, tarps, sandbags, sump pump, equipment rental</i>)	
Clean-up costs (<i>bleach, antibacterial cleaner, mops, shovels, equipment rental</i>)	
Shelter expenses away from home (<i>hotel, campground</i>)	
Replace personal items (<i>clothes, bedding, hygiene items, shoes, toys</i>)	
Moving and storage costs (<i>moving truck rental, storage rental</i>)	
Vehicle repair or replacement	
Cost to repair or replace items for your home or self-employment property (<i>washer/dryer, beds, carpet, furnace, A/C, furniture, water heater, TV, paint</i>)	
Childcare because of the disaster	
Pet boarding	
Medical and funeral expenses due to disaster	
Other disaster-related expenses (<i>tell us what kind of expense it is below</i>)	
RESERVED FOR DHS USE ONLY	TOTAL:

PART F. PENALTY WARNING

Your household must follow the rules listed below if approved for Disaster Food Assistance. This application may be reviewed later to make sure your household was eligible for Disaster Food Assistance. The rules are:

- **DO NOT** give false information or hide information to get Food Assistance.
- **DO NOT** use Food Assistance to buy non-food items such as alcohol or tobacco.
- **DO NOT** sell, trade or give away your EBT card.

Anyone who breaks the rules listed above:

- May not get Food Assistance benefits for one year for the first time, two years for the second time, and forever for the third time;
- May be fined up to \$250,000 or jailed up to 20 years, or both; and
- May be kept off Food Assistance for another 18 months if court ordered. If a court finds you guilty of buying, selling, or trading more than \$500 in Food Assistance benefits, you may not get Food Assistance forever. If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time. You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live. **Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean you have to pay back assistance.**

PART G. CERTIFICATION AND APPLICANT'S SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of Food Assistance as a result of the disaster. I understand that I am not required to provide my household's Social Security numbers to receive Disaster Food Assistance. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

Applicant or Witness Signature (if applicant signed with an X)

Date

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal? For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

In accordance with federal civil rights law and U.S. Department of Agriculture civil rights regulations and policies, the USDA, its Agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or
email: program.intake@usda.gov

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