

APPLICATION FOR DISASTER CALFRESH

Disaster benefit period: _____ to _____

COUNTY USE ONLY

CASE NUMBER

WORKER

DATE RECEIVED

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 Disaster CalFresh benefits within one to three calendar days of the date the application is filed, 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 of approval or denial of application.
- 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.
- To have another member of your household, or another adult who knows you, complete this application. If it is completed by an adult who is not a member of your household, attach written approval signed by the head of household or another adult household member.

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 Disaster CalFresh benefits.
- At your interview, you must verify the identity of the head of household, the identity of the person completing the application, and if possible, proof of the household's residence and/or work address 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.

- You can authorize someone to receive, or use your Disaster CalFresh benefits. If you would like to authorize someone, complete the information below:

NAME OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER

ADDRESS INCLUDING CITY AND ZIP CODE

☐ PICK UP EBT CARD ONLY

☐ PICKUP EBT CARD TO PURCHASE
FOOD FOR HOUSEHOLD

PENALTY WARNING!!

IF YOUR HOUSEHOLD GETS DISASTER CALFRESH BENEFITS, YOU 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 \$250,000 OR IMPRISONMENT FOR UP TO 20 YEARS. THE DISQUALIFICATION PENALTIES ARE 12 MONTHS FOR THE FIRST VIOLATION, 24 MONTHS FOR THE SECOND VIOLATION, AND PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION.

- Do not give false information or withhold information to get Disaster CalFresh benefits.
- Do not trade or sell your Disaster CalFresh benefits, or any other issuance device.
- Do not alter your EBT card or any other issuance device to get Disaster CalFresh benefits you are not entitled to receive.
- Do not use Disaster CalFresh benefits to buy ineligible items such as alcoholic drinks and tobacco.
- Do not use someone else's EBT card, 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.

NAME (HEAD OF HOUSEHOLD)

PERMANENT HOME ADDRESS AT TIME OF DISASTER

TELEPHONE NUMBER

TEMPORARY ADDRESS

TELEPHONE NUMBER

MAILING ADDRESS

TELEPHONE NUMBER

WORK ADDRESS AT THE TIME OF DISASTER

TELEPHONE NUMBER

PART A – HOUSEHOLD SITUATION. (You must check Yes or No for each question)

- Was anyone in your household living ☐ working ☐ or both ☐ (check appropriate box) in the disaster area at the time of the disaster?
- Are you unable to get to your household's income or cash resources? ☐ YES ☐ NO
- Have your income or cash resources been lowered, delayed or stopped because of the disaster? ☐ YES ☐ NO
- Will you be buying food and preparing meals during the disaster benefit period? ☐ YES ☐ NO

COUNTY USE ONLY

☐ Disaster Application

Can the identify of the authorized representative be verified?

☐ YES ☐ NO

Type of verification:

Can the head of household's identity be verified?

☐ YES ☐ NO

Type of verification:

Is permanent residence in disaster area?

☐ YES ☐ NO

Type of verification:

Is work address in the disaster area?

☐ YES ☐ NO

Type of verification:

Can the household's residence be verified?

☐ YES ☐ NO

Type of verification:

PART B – HOUSEHOLD MEMBERS

5. List the names of all persons applying for Disaster CalFresh benefits. Include only persons who **were living with you at the time of the disaster**. If you are temporarily staying with another household because of the disaster, **do not list members of that household**. ***Telling your Social Security Number (SSN) is voluntary. It will be used for identification purposes only.**

NAME (HEAD OF HOUSEHOLD) (HH)		SSN*	BIRTHDATE
a.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
b.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
c.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
d.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
e.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
f.			
NAME	RELATION TO HH	SSN*	BIRTHDATE
g.			

PART C – INCOME/RESOURCES/EXPENSES

6. 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:

7. 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 6.

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

8. 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. Eligible expenses may include some of the following:

- | | |
|--|----------|
| a. Expenses to repair damage to the household's home or other property essential to employment or self-employment of a household member. | \$ _____ |
| b. Temporary shelter expenses if the home is uninhabitable or the household cannot reach it; | \$ _____ |
| c. Expenses for moving out of the area which was evacuated due to the disaster; | \$ _____ |
| d. Expenses related to protection of a home or business from disaster damage; | \$ _____ |
| e. Medical expenses due to personal injury. | \$ _____ |
| f. Disaster-related funeral expenses. | \$ _____ |
| g. Disaster-related pet boarding fees. | \$ _____ |
| h. Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools and education materials. | \$ _____ |
| i. Fuel for primary heating source. | \$ _____ |
| j. Clean-up items expense. | \$ _____ |
| k. Disaster-damaged vehicle expenses. | \$ _____ |
| l. Storage expenses. | \$ _____ |

9. a. Is anyone listed above currently getting CalFresh benefits? ☐ YES ☐ NO
If yes, Who? _____ County _____ State _____ Monthly Allotment \$ _____
- b. Did they ask for or get replacement CalFresh benefits for this month? ☐ YES ☐ NO
If yes, how much did they receive or will receive? _____

YOUR CERTIFICATION

I certify that I understand the questions on the application and that my household is in need of Disaster CalFresh benefits. 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

WITNESS, IF YOU SIGNED WITH AN "X"

DATE

COUNTY USE ONLY

Household size for the number of persons listed in 5 _____

Computation

- A. Anticipated Income (from 6) \$ _____
- B. Accessible Cash Resources (from 7) + \$ _____
- C. Total disaster period income = (A+B) \$ _____
- D. Total allowable disaster-related expenses (from 8) - \$ _____
- 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 F, the household is eligible.

Eligible: ☐ YES ☐ NO

Allotment

1. Disaster Allotment (from Table) \$ _____
2. Regular Allotment Already Received - \$ _____
3. Net Disaster Allotment (1-2) = \$ _____

EBT Card Number issued

☐ YES ☐ NO

WORKER'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE