STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

W-799 (Rev 7/18)

For Office Use Only

IMPACT checked? ☐ Yes
D-SNAP database checked? ☐ Yes

Card #:_____ Application Date:_____ Benefit Amount:$ _____

Disaster Benefit Period: Begin:_____ End:_____ Household Size:_____

All Household members entered on D-SNAP database? ☐ Yes

Complete this application truthfully and to the best of your knowledge. If your household refuses to give any requested information, D-SNAP will not be granted. You must give proof of your identity when you are interviewed and may be required to verify your residency. You may have to prove any questionable expenses. You can give permission for someone else to apply for help or help you get and use your D-SNAP.

Head of Household	Authorized Representative name and address (if any)
Permanent Home Address and phone number	Temporary Address and phone number

List the people in your household, including yourself. **If you are temporarily staying with another household because of the disaster, do not list members of that household**. List each household member's Social Security number and date of birth. **List the source and amount of take home pay (net pay after deductions) as well as any other income that is or will be received by your household during the disaster benefit period.** The Social Security number is not required by law but is helpful to identify your household members and to make sure they are eligible for D-SNAP. It may be used for computer matching program reviews or audits.

HOUSEHOLD MEMBERS					INCOME	
Household Member Name	**Social Security Number**	**Birth Date**	**Are you Hispanic or Latino?**	**Racial Origin Code(s)***	**Source/Type: Employment, Social Security, Pension, Unemployment, etc.**	**Total amount received/will receive during disaster benefit period**
					☐ **Yes** ☐ **No** **Source**_____	
					☐ **Yes** ☐ **No** **Source**_____	
					☐ **Yes** ☐ **No** **Source**_____	
					☐ **Yes** ☐ **No** **Source**_____	
					☐ **Yes** ☐ **No** **Source**_____	
					☐ **Yes** ☐ **No** **Source**_____	

*Racial Origin Code(s): **A** = Asian **B** = Black or African Descent **C** = White
(Enter a letter for all that apply.) **N** = Native American or Alaska Native **P** = Native Hawaiian or Other Pacific Islander

Are you or anyone in your household a current state of Connecticut employee? ☐ Yes ☐ No

If yes, who and what agency or department? _____

Are you or anyone in your household already receiving The Emergency Food Assistance Program (TEFAP) or Food Distribution Program on Indian Reservations (FDPIR)? ☐ **Yes** ☐ **No If yes, list who in your household**_____

Are you or anyone in your household a current SNAP (formerly Food Stamps) recipient? ☐ **Yes** ☐ **No**
If yes, list who in your household_____

HOUSEHOLD SITUATION	Yes	No
Was your household living in the disaster area at the time of the disaster?		
Did your household buy food during the disaster benefit period?		
Did the disaster delay, reduce or stop your household's income?		
Does your household have money in the bank that you cannot access during the disaster period?		
Did your household have food destroyed in the disaster?		

List all cash your household will be able to get to during the disaster period. List the disaster-caused expenses that your household paid or expects to pay during this disaster. Do not include expenses that were paid or will be paid by someone outside your household.

HOUSEHOLD DISASTER RELATED EXPENSES	Yes	No	AMOUNT	HOUSEHOLD ASSETS	Yes	NO	AMOUNT
Dependent care due to disaster				Cash on Hand			
Funeral/medical expenses due to disaster				Checking Accounts			
Moving and storage costs due to disaster				Savings Accounts			
Temporary shelter expenses							
Cost to protect property during disaster							
Cost to repair or replace items for home or self-employment property							
Other disaster-related expenses Please list:							
Total disaster related expenses				Total household assets			

PENALTY WARNING

If your household gets D-SNAP, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your D-SNAP benefits to make sure you were eligible for disaster aid.

DO NOT give false information or hide information to get or to continue to get D-SNAP.
DO NOT give or sell D-SNAP benefits or authorization documents to anyone not authorized to use them.
DO NOT alter any D-SNAP benefits or authorization document to get D-SNAP when you are not eligible.
DO NOT use D-SNAP benefits to buy unauthorized items such as alcohol or tobacco.
DO NOT use another household's D-SNAP benefits or authorization document for your household.

CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. 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 hearing.

Applicant, Authorized Representative or Witness (if signed with an x) _____ Date _____

Worker Name _____ Signature _____ Date _____

FOR ELIGIBILITY WORKERS USE ONLY	
1. Total Income received or anticipated during the disaster period	*$*
2. Total Accessible Cash Assets	*$*
3. Add #1 and #2	*$*
4. Total Disaster Expenses or DSED	*$*
5. Subtract #4 from #3	*$*
6. Maximum Gross Income Limit	*$*
Eligible: #5 is less than or equal to #6	
Ineligible: #5 is greater than #6	
Worker Notes:	

This information is available in alternate formats. Phone (800) 842-1508 or TDD/TTY (800) 842-4524.

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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:

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

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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