



**Application for Disaster Supplemental Nutrition Assistance (D-SNAP)  
HS-3259**

**FOR OFFICE USE ONLY**

<p>Application Date (mm/dd/yy):</p> <p>Residence County:</p> <p>Application County:</p> <p>Disaster Authorization Period:</p> <p>County/State Employee:</p> <p>RID:</p>	<p>Begin:</p> <p>End:</p>	
	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If Yes; Agency: Reviewing Supervisor RACF-ID:</p>
	<p>PAN:</p>	

Head of Household	How Verified:	Authorized Representative(s)
Permanent Home Address	How Verified:	Temporary Residence Address
City, State & Zip Code		City, State & Zip Code
Current Mailing Address		Current Telephone Number and/or Contact Number
City, State & Zip Code		Collateral Contact Name & Telephone Number

Household Situation	Yes	No
• Are you a State/County TNDHS employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are you a current SNAP participant? <i>If yes, STATE _____ COUNTY _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Was your household living or working in the disaster area at the time of the disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Did the disaster damage or destroy your home or self-employment property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does your household have any additional out-of-pocket expenses as a result of the disaster? <i>If yes, amount: \$ _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does your household plan to buy food before the end of the disaster period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Did the disaster delay, reduce, or stop your household's income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List ALL members of your household, including yourself, who were affected by the disaster that are living and eating with you. **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.** List the information below for each household member. List any income your household members have received or expect to receive while the DSNAP is operating.  
(DSNAP benefit period \_\_\_\_\_).

First/Last Name	Birth Date	Relationship	Sex	Race	Ethnicity	Income Source / Employer	Monthly Amount (take home)
		SELF					

**Resources**

List all cash your household will be able to get during the disaster.			
<ul style="list-style-type: none"> <li>Does your family have a checking/savings account, and/or cash on hand? <input type="checkbox"/> Yes, Who _____ <input type="checkbox"/> No</li> </ul>			
<i>If yes, check the type and enter the amount you can get during the disaster:</i>			
<input type="checkbox"/> Checking \$_____	<input type="checkbox"/> Savings \$_____	<input type="checkbox"/> Cash on Hand \$_____	<input type="checkbox"/> Other (Insurance, FEMA, Cash, Gifts, etc) \$_____

**PENALTY WARNING**

If your household gets Supplemental Nutrition Assistant Program (SNAP) benefits, it must follow the rules below. Any member of your household who breaks any of these rules on purpose can be subject to prosecution under federal laws. This application is subject to review by Federal and State authorities to make sure you were eligible for disaster aid.

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

If your household knows but refuses on purpose to give any required information, it will not be eligible to receive SNAP benefits. **When you are interviewed, you must show identification** and may be required to verify your residency and place of employment in the disaster area at the time of the disaster, household composition, and disaster-related expenses. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for, receive, or use your DSNAP benefits.

**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 fair hearing orally or in writing.**

**APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed [AD-3027](#) form or letter must be submitted to:

- (1) mail: Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

You may also write Tennessee, Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700

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Disaster Eligibility/Benefit Calculations

- |   |          |
|---|----------|
| 1. Accessible cash, resources (cash on hand, checking or savings account) | \$ _____ |
| 2. Income (take home) Received or expected during benefit period          | \$ _____ |
| 3. Total (1 and 2)  | \$ _____ |
| 4. Disaster Deduction   | \$ _____ |
| 5. Adjusted Income (3 minus 4. If 4 is greater than 3, enter 0)           | \$ _____ |

Compare adjusted income to disaster income limits for the appropriate household size. If adjusted 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

Check one:  APPROVED  DENIED

ELIGIBILITY NOTICE GIVEN  YES  NO

DENIED REASON: \_\_\_\_\_

HOUSEHOLD SIZE: \_\_\_\_\_

BENEFIT AMOUNT: \_\_\_\_\_