

Application for Disaster Food Assistance

Disaster benefit period: September 7, 2020 to October 6, 2020



Application date: _____

Please ask if you need help filling out this form (call 211 for help)

Language I speak: _____
Let us know if you need: <input type="checkbox"/> An interpreter <input type="checkbox"/> A sign language interpreter
<input type="checkbox"/> Written materials translated (<i>what language</i>): _____
Materials in: <input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio tape <input type="checkbox"/> Computer disk <input type="checkbox"/> Oral presentation

Instructions

Please tell us about your situation during the disaster benefit period September 7, 2020 to October 6, 2020. The form may be completed by you or someone living with you. You may also give permission to someone else to apply and get benefits for you.

- Answer all the questions the best you can. You will not get disaster food benefits if you do not give the needed information.
- You must complete an interview and provide proof of identity.
- Send proof of where you lived at the time of the disaster if you have it.

About you: Are you a state employee? Yes No

Head of household:	Authorized Representative: Tell us if you want someone else to apply for you. You may also want them to use your benefits to buy your food
Home address at time of disaster:	Name: Address: I authorize this person to (<i>check all that apply</i>): <input type="checkbox"/> Apply for me <input type="checkbox"/> Use my food benefits for me
Phone number(s):	Temporary address (<i>telephone number, if different</i>):
County:	Mailing address (<i>if different</i>) with ZIP code:

Household situation: Please answer all questions for the time: September 7, 2020 to October 6, 2020

Did you live in the disaster area at the time of the disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the disaster damage your home or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your household income go down or stop because of the disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or something you live with work for a business in the disaster area? Name of company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay any disaster-caused expenses during the disaster benefit period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your home getting food benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you receive food benefits to replace damaged food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you plan to, or did you buy food during the disaster benefit period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household members:

Please list all persons living and sharing food with you at the time of the disaster. List each person's Social Security number (SSN), if you know it. The SSN is used for ID only and not required to get benefits. You can choose not to give Ethnicity and Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

- Do not include people who were not living with you when the disaster occurred.
- Do not list persons in the household if you are staying with them for a short time because of the disaster.

First name/last name	Birth date	Sex	Race/Ethnicity
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Social Security number <i>(if available)</i>			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Social Security number <i>(if available)</i>			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Social Security number <i>(if available)</i>			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Social Security number <i>(if available)</i>			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Social Security number <i>(if available)</i>			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American
Social Security number <i>(if available)</i>			

Income: Please tell us if anyone in your household received money from work or money from places other work during the benefit period. Some examples include:

- Paycheck, Self-Employment (report what you take home)
- Unemployment, child support, spousal support
- Social Security, Railroad Retirement, Disability Benefits
- Educational Income, Financial Aid
- Reimbursements or assistance from relief agencies

Take home pay is the money you get after taxes and all other payroll deductions.

Name	Income Source	Amount
		\$
		\$
		\$

Resources: Please list any money that you or anyone living with you had access to during the disaster.

Resources	Amount
Checking account(s)	
Savings account(s)	
Cash on hand	
Other:	

Expenses: Please tell us about the disaster related expenses you or anyone living with you paid during the disaster.

Expenses	Amount
Cost to protect property	
Cost to repair/replace home or self-employment property	
Food destroyed	
Dependent Care	
Medical	
Moving and Storage	
Temporary Shelter	
Funeral	
Other:	

Penalty Warning

If your household gets Supplemental Nutrition Assistance Program (SNAP) benefits, it must follow the rules listed below. 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 give or sell SNAP benefits or authorization documents to anyone not authorized to use them.**
- DO NOT alter any SNAP authorization documents to get benefits you are not entitled to.**
- DO NOT use SNAP benefits to buy unauthorized items such as alcohol or tobacco.**
- DO NOT use another household's SNAP benefits or authorization documents for your household.**

Signatures:

By signing below, I agree that:

- I was living in Oregon at the time of the disaster.
- My household needs food right now due to the disaster.
- I understand the questions on this form.
- I have read the above penalty warnings (or have had them read to me).
- DHS can review my case. This could include coming to my home.
- I agree to release any information needed to process this application correctly.
- I am aware I have the right to have a supervisor review my application right away if it is denied.
- I know I have the right to ask for a fair hearing if I do not agree with the decision.
- I have given correct and complete information.
- I am aware I may be asked to pay back benefits if I, another adult in my home or a person I authorized did not give correct information.

Print name: _____ Date signed: _____

X

Applicant or representative signature
(Double click the "X" to sign.)

Voter registration

If you are not registered to vote where you live now, would you like to apply to vote today? Yes No
Applying to register to vote or declining to register will not affect the amount of assistance you will be provided by this agency.

Our non-discrimination policy

The Department of Human Services (DHS) does not discriminate against anyone. This means that DHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs¹, disability or sexual orientation².

You may file a complaint if you believe DHS treated you differently for any of these reasons.
To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301
Fax: 503-378-6532
Email: DHS.info@state.or.us

"Equal opportunity is the law!"

The United States Department of Agriculture (USDA) and the United States Health and Human Services (HHS) are equal opportunity providers and employers. Auxiliary aids and services are available upon request to individuals with disabilities.

To file a complaint with USDA and HHS, please read the "Client Discrimination Complaint Information" form (DHS9001). You can find this form in the "Information and Referral Packet" (DHS 6609).

¹SNAP clients are protected against political belief discrimination.

²Sexual orientation is protected by the State of Oregon, but not federal laws.

Submit

This form may contain your personal information. If you return the form by email there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.