

STATE OF ALABAMA PRE-SCREENER FOR DISASTER FOOD ASSISTANCE D-SNAP	DISASTER BENEFIT PERIOD September 16, 2020 to October 15, 2020 CERTIFICATION PERIOD – October 2020
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<p>Are you an employee of the State/County Department of Human Resources? Yes _____ No _____</p> <p>*If Yes, stop! You must submit your prescreening form to your County Director. *If No, proceed.</p>	<p>CASE NUMBER: _____</p> <p>COUNTY NAME:</p> <p>BALDWIN _____</p> <p>ESCAMBIA _____</p> <p>MOBILE _____</p> <hr/> <p>PRESCREENER DATE</p>
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INSTRUCTIONS: Complete this prescreening form honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive food assistance. When you are interviewed you must show proof of identity. You must show proof that your household lived in the disaster area at the time of the disaster if available. You can authorize someone outside your household to apply for emergency aid and to get or use your food assistance benefits. A worker will call the number listed for your interview.

HEAD OF HOUSEHOLD	ID Verified	AUTHORIZED REPRESENTATIVE	TELEPHONE NO.
PERMANENT HOME ADDRESS	Verified	TEMPORARY ADDRESS (No P.O. Box)	TELEPHONE NO.

EMAIL ADDRESS

PART A - HOUSEHOLD SITUATION	YES	NO
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1. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions:			
A. Did the disaster damage or destroy your home or self-employment property?			
B. Does your household have any out of pocket expenses as a result of the disaster?			
C. While the effects of the disaster are being cleaned up, will your household be buying food?			
D. Did the disaster delay, reduce or stop your household's income?			
E. Does your household have any cash or money in the bank which you cannot get to because the bank is or was closed for 16 or more days between September 16, 2020 and October 15, 2020, due to the disaster?			
2. Does your household currently receive food assistance? If yes, STATE: _____ COUNTY: _____			
3. Have you already filed a food assistance application in the month of September or October? If yes, STATE: _____ COUNTY: _____			

List the members of your household, including yourself, who were affected by the disaster who 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 each household member's name, social security number (SSN), date of birth, race, sex, source/type of income and amount of take-home pay. List any other income your household members have received or expect to receive from September 16, 2020 to October 15, 2020.

PART B - HOUSEHOLD MEMBERS (Attach Separate Sheet if Needed)	PART C - INCOME
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NAME	SSN *if known*	DATE OF BIRTH	RACE	SEX	SOURCE/TYPE	AMOUNT OF TAKE HOME PAY
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

PART D - List all liquid resources your household will be able to get to during the disaster period (September 16, 2020 to October 15, 2020).

RESOURCES	AMOUNT	PART F - ELIGIBILITY COMPUTATION	
Cash on hand		1. Total anticipated income (PART C)	\$ _____
Checking accounts		2. Total accessible cash resources (PART D)	+ \$ _____
Savings accounts		3. Add #1 and #2	= \$ _____
Total Resources	\$	4. Total disaster expenses (PART E)	\$ _____
PART E - EXPENSES Your household must have disaster related expenses in order to qualify for D-SNAP.		5. Total available funds (Subtract #4 from #3 *Income to use to Determine Eligibility)	\$ _____
_____ I certify under penalty of perjury that my household has paid or expects to pay out of pocket disaster-related expenses (which include food loss) as a result of the hurricane that occurred in my county of residence on September 16, 2020. I will not be reimbursed for these expenses during the period of September 16, 2020 through October 15, 2020.		6. Maximum Gross Income Limit (GDIL)	\$ _____
Cost to protect property during disaster		7. ELIGIBLE (#5 is equal to or less than #6)	Is the household eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cost to repair or replace items for home or self-employment property		8. INELIGIBLE (#5 is greater than #6)	
Dependent care due to disaster			
Food destroyed in disaster			
Funeral/medical expenses due to disaster			
Moving and storage costs due to disaster			
Other disaster-related expenses			
Temporary shelter expenses			
Total Expenses	\$		

PART G - PENALTY WARNING

If your household gets food assistance benefits, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food assistance 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 food assistance benefits.
DO NOT give or sell food assistance benefits or authorization documents to anyone not authorized to use them.
DO NOT alter any food assistance benefits or authorization documents to get food assistance benefits you are not entitled to.
DO NOT use food assistance benefits to buy unauthorized items such as alcohol or tobacco.
DO NOT use another household's food assistance benefits or authorization document for your household.

PART H - CERTIFICATION AND SIGNATURE

I understand the questions on this prescreening form 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)

DATE SIGNED _____

DEPARTMENT OF HUMAN RESOURCES/ADVOCATE DOCUMENTATION OF ATTESTATION
 (if completing on behalf of the household, verbal attestation of form completion and signature given)

DATE SIGNED _____ TIME SIGNED _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

This institution is an equal opportunity provider.

Interviewer: _____
 Data Entry: _____
 Disposition: Awarded Denied

Date: _____
 Date: _____

USDA Nondiscrimination Statement

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02/06/2020

DISASTER FOOD ASSISTANCE FACT SHEET

GENERAL: The Disaster Food Assistance Program is designed to help people who might not ordinarily qualify for Food Assistance but have lost income or have losses due to damage from a disaster. Food Assistance benefits are used like cash to buy food. There are special food assistance rules for people affected by a disaster such as a hurricane.

- Income, resources and expenses will be considered for the period of September 16, 2020 through October 15, 2020 for the purpose of this program.

PRESCREENING FOR DISASTER FOOD ASSISTANCE (D-SNAP): If you want to receive D-SNAP benefits, you must file a pre-screening form. Be sure to tell the truth on the pre-screening document. If you get more food assistance benefits than you should because of a mistake, you will be asked to pay back the extra amount. If you give wrong information on purpose, you may be ineligible for a period of time, fined, or put in prison. After the disaster is over, investigations may be made to see if households got food assistance benefits by giving wrong information.

INTERVIEW: You must complete a telephone interview in order to be considered eligible for D-SNAP benefits. A worker will call you to go over the pre-screening form with you. If you do not understand a question, you should ask the food assistance worker to explain it to you during the interview.

PROOF: During the pre-screening process, you will be asked to provide proof of your identity and where you live, if questionable. Examples of proof of your identity are a driver's license, wage stub, a birth certificate, a voter registration card, or a work ID card. Examples of proof of where you live are a statement from your landlord, rent or mortgage receipt, telephone book, post office records, a piece of mail with your name and address on it, utility bills, or driver's license.

ELIGIBILITY RULES: You cannot get disaster food assistance unless you lived in the disaster area, your household will be buying food and preparing meals, and you can answer YES to at least one of the following questions.

- Has your home or self-employment property been damaged or destroyed by the hurricane?
- Does your household have other disaster-caused expenses?
- Has your income been delayed, reduced, or stopped because of the disaster?
- Does your household have any cash or money in a bank account, which you cannot get to because of the disaster?
- While the effects of the disaster are being cleared up, will your household be buying food?

Eligibility is based on how much money you can get now (for example, cash on hand or from a bank account) and how much you expect to get later such as income. Some disaster expenses will be subtracted such as expenses to repair damage to your home or property necessary for work, temporary shelter expenses, expenses for moving out of an evacuated area; expenses related to protecting a home or business from the disaster and expenses due to a disaster-related injury or death. The limits for household income and liquid resources are:

<u>HOUSEHOLD SIZE</u>	<u>INCOME and RESOURCES</u>
1	\$1,817
2	\$2,190
3	\$2,563
4	\$2,951
5	\$3,355
6	\$3,759
7	\$4,133
8	\$4,506
Each additional person	+ \$374

You will be asked to provide the social security numbers for each household member, if known.

RECEIVING FOOD ASSISTANCE: A decision will be made on your eligibility on the date of your interview. If eligible, your household will receive benefits only for the month of October 2020. Also, if your household is eligible, you will receive an EBT card. **EBT Cards will be delivered by United Parcel Service (UPS), no Post Office Box may be used for delivery of your EBT card.** These benefits will be available for use within 3 days from the time you are approved. To select a Personal Identification Number (PIN) or, if you have questions about your EBT card please call 1-800-997-8888. Calling this number will also inform you of your account balance. Your account balance can also be checked on internet, **www.connectebt.com.**

The amount of benefits a household gets if eligible depends on the number of people in the home.

<u>HOUSEHOLD SIZE</u>	<u>ASSISTANCE FOR A MONTH</u>
1	\$ 204
2	\$ 374
3	\$ 535
4	\$ 680
5	\$ 807
6	\$ 969
7	\$1,071
8	\$1,224
Each additional person	+ \$153

USING FOOD ASSISTANCE BENEFITS: You may use food assistance benefits in any store that accepts them. Most grocery stores take food assistance benefits. You can only use food assistance benefits to buy food or to buy seeds or plants for your garden to grow food for your household's use. You cannot buy alcoholic drinks, tobacco, vitamins, toilet paper, paper towels, soap or soap products with your food assistance benefits. It is a very serious crime to sell your food assistance benefits for cash or drugs. This one-time benefit will be available on your EBT

card for 365 days or until all benefits have been used.

NONDISCRIMINATION: If you think you have not been treated fairly because of race, color, national origin, sex, age, religious creed, political beliefs, or disability, you should write to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410.

FAIR HEARINGS: A household not satisfied with agency action affecting its participation in the Food Assistance Program has the right to request a fair hearing within 90 days of the action being appealed. The request may be made orally or in writing to the County Department of Human Resources, Food Stamp Office or to the Department of Human Resources, Food Assistance Division, Gordon Persons Building, 50 N. Ripley Street, Montgomery, Alabama 36130-4000, telephone (334) 242-1700. A household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson may present the household's case. Free legal counsel may be available through Legal Services Alabama.

SUPERVISOR REVIEW: If your application for Disaster Food Assistance was denied, you have the right to request an immediate supervisory review. It will not affect your right to a fair hearing. Let the Eligibility Worker or Interviewer know that you would like a supervisory review.

**Information provided by
U.S. Department of Agriculture
Food and Nutrition Service**