

SUPPLEMENTAL DISASTER FOODSHARE PROGRAM (DFSP) AFFIDAVIT

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| Member Name (Last, First, MI) |
| Case Number |

Request for a supplement of FoodShare benefits

Personally identifiable information will be used only for the direct administration of FoodShare Wisconsin.

FoodShare members who have a loss of income and/or disaster-related costs due to a natural disaster in their county of residence can request Supplemental FoodShare benefits.

The amount of the supplement is the difference between the amount of benefits already received for the month of the natural disaster and the maximum benefit amount for the household size. If the household already received the maximum benefit amount for their household size for the month of disaster, a supplement cannot be issued.

In order to process your request, we must have a description of your disaster-related costs (that were not reimbursed by insurance or another agency), or lost income. Examples of disaster-related costs are damage to your home or self-employment property, food lost due to a disaster or spoiled due to power outage, home and business repairs, clean-up items, replacing necessary personal or household items, etc.

Describe Your Disaster-Related Costs

Estimated disaster-related expenses \$ _____

Estimated amount of lost income \$ _____

My household received FoodShare benefits when the disaster occurred. I certify under penalty of perjury that my household experienced a loss of income and/or disaster-related expenses due to the natural disaster that occurred in my county of residence.

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|---------------------------|-------------|
| SIGNATURE - Member | Date Signed |
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