

**DISASTER FOODSHARE WISCONSIN ASSISTANCE APPLICATION**

**INSTRUCTIONS:** Complete this application and return it to the local county agency. If more room is needed, use an additional sheet of paper. Do not write in shaded areas. You will be required to show proof of your identity, as well as proof that your household was living in or that someone in your household was working in the designated disaster area at the time of the disaster. You may also be asked to provide proof of additional costs incurred by your household during the disaster period that cannot be reimbursed through another source. You may authorize someone outside your household to apply for emergency aid and to use your FoodShare benefits to assist your household.

Social Security numbers (SSNs) and personally identifiable information will be used only for the direct administration of FoodShare Wisconsin.

Your SSN permits a computer check of your information with government agencies, such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Department of Workforce Development, as well as the School Lunch Program. SSNs are also used to check the identity of household members and to verify income from sources, such as employers, banks and other parties.

FOR OFFICE USE ONLY – DISASTER PERIOD			
Begin Date	End Date	Application Date	Number

**SECTION I – APPLICANT INFORMATION**

Applicant Name (Last, First, Middle Initial)	Verified	Authorized Representative
Permanent Home Address (Street, City, State, Zip Code) and Telephone Number	Verified	Temporary Address (Street, City, State, Zip Code) and Telephone Number

**SECTION II – HOUSEHOLD SITUATION** (Please check box)

	Yes	No
1. Was your household living in or was someone in your household working in the disaster area at the time of the disaster? If yes, answer the following questions.	<input type="checkbox"/>	<input type="checkbox"/>
a. Did the disaster cause damage to or destroy your home or self-employment property during the disaster period?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the disaster cause your household to have additional costs during the disaster period?	<input type="checkbox"/>	<input type="checkbox"/>
c. During the disaster cleanup, will your household need to buy food?	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the disaster delay, reduce or stop your household's income?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does your household have any cash or money in checking or savings accounts that you cannot get because the bank is closed due to the disaster?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently get FoodShare or Supplemental Nutrition Assistance Program (SNAP) benefits? If yes, in what state and county? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. If your food was destroyed or lost during the disaster period, what was the dollar amount of food that was destroyed or lost? \$ _____		
4. Are you or anyone in your household applying for Disaster FoodShare a state or county employee?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION III – HOUSEHOLD MEMBERS**

List the members of your household, including yourself, who were living with you at the time of the disaster and who regularly eat with you. List each household member’s SSN, date of birth, source/type of income and the net amount of income. List any other income your household members have received or expect to receive during the 30-day disaster period, from \_\_\_\_\_ through \_\_\_\_\_. **Note:** If you are temporarily staying with another household because of the disaster, do not list members of that household.

Name (Last, First, Middle Initial)	Social Security Number	Date of Birth	Source / Type of Income	Amount
				\$
				\$
				\$
				\$
				\$
				\$

**SECTION IV – RESOURCES**

List all money your household had access to during this disaster. Include cash and money you had in checking and savings accounts.	Amount of Each Resource

**SECTION V – DISASTER-RELATED COSTS**

For each item below, list the amount your household has paid or expects to pay due to the disaster.

**Note:** Do not include any costs that did not occur during the disaster period. Do not include any costs that are not due to the disaster or that were paid or will be paid by someone outside of your household.

Type of Cost	Amount	Type of Cost	Amount	Type of Cost	Amount
Food destroyed or lost	\$	Moving and storage	\$	Repair or replace items for home or self-employment property	\$
Dependent care	\$	Property protection	\$		
Funeral/medical	\$	Temporary shelter	\$	Other disaster-related costs	\$

**SECTION VI – ELIGIBILITY COMPUTATION**

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1. Anticipated Income	\$ _____	6. Net Disaster Expenses (Subtract Line 5 from Line 4)	\$ _____
2. Accessible Cash	\$ _____	7. Net Income (Subtract Line 6 from Line 3)	\$ _____
3. Total Income/Cash (Add Lines 1 and 2)	\$ _____	8. Maximum Income Limit	\$ _____
4. Total Out-of-Pocket Disaster Expenses	\$ _____	9. Eligible [“Yes” if Line 7 (Net Income) is less than or equal to Line 8 (Max Income Limit); “No” if Line 7 is greater than Line 8]	Yes / No
5. Reimbursed Disaster-Related Expenses	\$ _____		

## DISASTER FOODSHARE ASSISTANCE APPLICATION

F-16060

Page 3 of 4

### SECTION VII – FOODSHARE WISCONSIN PENALTY

Any member of your household who intentionally breaks any of the following rules can be barred from FoodShare Wisconsin for 12 months after the first violation, 24 months after the second violation or for the first violation involving a controlled substance, and permanently for the third violation:

- Giving false information or hiding information to get or continue FoodShare benefits,
- Trading or selling FoodShare benefits,
- Using FoodShare benefits to buy non-food items, like alcohol or tobacco, or
- Using another person's FoodShare benefits, identification cards or other documentation.

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking FoodShare benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are ineligible for the program. The individual may also be subject to further prosecution under other applicable federal laws.

Individuals who trade (buy or sell) FoodShare benefits for a controlled substance/illegal drug(s) will be barred from FoodShare Wisconsin for a period of two years for the first finding and permanently for the second finding. Individuals who trade (buy or sell) FoodShare benefits for firearms, ammunition or explosives will be barred from FoodShare Wisconsin permanently.

### SECTION VIII – NON-DISCRIMINATION

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, audiotope, 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](https://www.ascr.usda.gov/how-file-program-discrimination-complaint), (AD-3027) found online at: <https://www.ascr.usda.gov/how-file-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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**DISASTER FOODSHARE ASSISTANCE APPLICATION**

F-16060  
Page 4 of 4

**APP**

**SECTION IX – CERTIFICATION AND SIGNATURE**

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules. I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits. I understand and agree to provide documents to prove what I have said. I understand that the local agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

**DISASTER FOODSHARE ASSISTANCE APPLICATION**

F-16060  
Page 4 of 4

**SECTION IX – CERTIFICATION AND SIGNATURE (continued)**

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.

Two witnesses are required if signed with an X.

<b>SIGNATURE</b> – Applicant/Authorized Representative	Date Signed
<b>WITNESS</b> (required if signed with an “X”)	Date Signed
<b>WITNESS</b> (required if signed with an “X”)	Date Signed