Comm. 388 March 2010

DISASTER FOOD ASSISTANCE ISSUANCE HANDBOOK

Iowa
Department
of
Human Services

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Disaster Food Assistance Issuance Step Action Chart

Step		Action
1	Intake:	Talk with the applicant in as private a place as possible. You will be asking personal questions.
	Identity and residency	Verify the applicant's identity and that the household lived in the disaster area at the time of the event. ♦ Use any reasonable method to verify. For example, ask another person who has an ID who will vouch for the applicant's identity and residency. ♦ Document what you use on the application form. Nothing else has to be verified. But, you may require verification of anything that you believe is questionable.
	Social security numbers	Ask for social security numbers, although they are not required for Disaster Food Assistance eligibility.
	Citizenship	Noncitizens and all other normally disqualified people are eligible for the Disaster Food Assistance program.
2	Determine if the applicant currently receives Food Assistance	Use ABC (EPPIC™ if ABC is not available) to determine if **the applicant** received Food Assistance for the disaster month. **If yes,** go to Step 3. **If no**, go to Step 4.
3	Determine eligibility for supplemental benefits	Give the applicant form 470-4903 or 470-4903(S), *Statement of Loss of Income or Disaster-Related Expenses*, to fill out. ♦ Help the applicant complete the form if necessary. Make sure the applicant lists other people living with the household who were not eligible, such as undocumented aliens and disqualified members. ♦ Fill in the ongoing case number. ♦ Complete the documentation and computation section to determine the amount of benefits to issue. ♦ Complete form 470-4072 or 470-4072 (S), *Notice of Decision for Disaster Food Assistance*, to approve or deny supplemental benefits. If approved, go to Step 5. NOTE: If the household is sharing a home with others because of the disaster, those people are a separate household, no matter what the relationship.

Step		Action
4	Determine eligibility for Disaster Food Assistance	Give the applicant form 470-4904 or 470-4904(S), *Application for Disaster Food Assistance*, to fill out. a. Verify that no one listed on the application got regular or duplicate disaster benefits for the disaster month. Verify this for all household members using the: ♦ ABC ST01 field, and ♦ EPPIC™ search function, if you have no ABC access. NOTE: If the household is sharing a home with others because of the disaster, those people are a separate household, no matter what the relationship. b. Review each page of the application with the applicant present: ♦ Make sure each blank is filled in. ♦ Make sure the applicant understood the questions. ♦ In Parts C and D, do not count income and cash asset types that regular Food Assistance rules exempt. See 7-E and D for what is exempt. ♦ At the end of each section of the application, complete the "RESERVED FOR DHS USE ONLY" line. c. On the last page of the application, make your eligibility determination. d. Issue form 470-4072 or 470-4072 (S), *Notice of Decision for Disaster Food Assistance*, to approve or deny the application. If approved, go to Step 5
5	Issue benefits	Issue **supplemental** benefits on the ongoing case through EPPIC™ entries. Issue an EBT vault card if needed. **OR** Make EPPIC™ entries to set up a new case for **Disaster Food Assistance**. Follow the instructions under Disaster Case Setup. Give the applicant the EBT vault card selected for the case. If EPPIC™ entries are not made on site: ♦ **Clearly** write the number from EBT card at the top of the approved application, in red ink if possible. ♦ Tell the applicant how long to wait before using the card. The card can be used as soon as the EPPIC™ entries are completed. (The wait cannot be longer than three calendar days.)
6	Customer EBT Training	Give each approved applicant a copy of Comm. 256 or Comm. 256(S), *Using Your Iowa EBT Card*. This form also is available in Spanish. This form tells the household how to use its EBT card, change the PIN, etc.

Instructions for Special Eligibility Situations

The following questions were asked in past disasters.

Household Members:

Question: Two people were in the household the day of the tornado. One of them died in the disaster. Do we use a household of one or two as the Disaster Food Assistance household?

> **Response:** This is a household of one.

Question: A couple in has their 90-year-old uncle living with them. He did not want to apply with them, so I certified them as a household of two.

> **Response:** He may not eat with them on a regular basis due to his dietary needs or meal routine. He could be a separate household under regular rules. You acted correctly.

Income:

Question: A Disaster Food Assistance program applicant rents out farmland. Each January the applicant gets a single payment intended to cover the whole year's rental. Do we follow normal Food Assistance policy for contract income when determining eligibility for the Disaster Food Assistance program?

> **Response:** No. For self-employment income, count only the net the household actually received and expects to receive **during the disaster certification period**. **Do not annualize self-employment income** when determining income for the Disaster Food Assistance program.

> The disaster certification period is May 15 through June 14. The rental income was received in January. No income from the farm rental is counted towards the household's available funds limit because the household didn't get it in the 30-day disaster period.

Resources:

Question: The applicant retired from the post office and has an account called the "Thrift Savings Investment Plan" that was set up by the federal government. From what I understand, it is similar to a retirement account. The applicant has access to it, but there is a penalty if the applicant withdraws it. Is this an available asset? And, would we use a guesstimate on what the penalty is?

Response: This is the federal retirement plan, similar to a 401K, or to the state IPERS plan. Retirement plans are exempt. Exempt this entirely as a cash asset.

Question: Do we count certificates of deposits as an available asset in determining Disaster Food Assistance program eligibility?

Response: Count the same resources that are countable under regular rules, if the household can access it. Count only the amount the household can actually get.

Question: A bank has been totally destroyed. Employees are working out of a trailer, changing all of the account numbers, limiting withdrawals, etc.

Response: If, at the time of interview, the household does not have a means to access its bank account, the money in the household's account is not counted as a cash asset. Count only the amount that the household knows it can get out of the bank.

Question: A bank has major damage, but is still open. It is allowing full access to all funds, including certificates of deposits with no penalties for withdrawal, but withdrawal without the penalty is on a case-by-case situation, i.e., person needs to replace a car. Are the certificates of deposits accessible?

Response: Count only the amount of money the household can get as an available asset. Allow the disaster expense as a deduction. If the bank will let the household get money from the certificates of deposits with a penalty only because the household did not have disaster expenses, then the value of the certificates of deposits is the amount after the penalty is subtracted.

Expenses:

Question: Several people have major expenses for tree removal which is not covered by their insurance. Would we allow this as an expense? What about the cost of replacing the trees?

Response: Tree removal is an allowable disaster-related expense. The cost to replace the trees is an allowable expense, as well.

Question: An applicant's water heater, washer, and dryer are damaged due to flooding. The applicant contacted the insurance company. The insurance company said that it would be several weeks before they can come out and evaluate the situation. The applicant thinks he has insurance to cover this, but is not sure. How should we proceed?

Response: The disaster certification period in your county ends June 23. Because it will take several weeks for just the evaluation, it is not likely that the insurance company will reimburse the cost of the appliances by June 23, if the applicant even has the correct insurance for the loss. Allow the entire replacement cost as a deduction.

Question: If a household boards a pet because their home is uninhabitable and the family is staying someplace that does not accept pets, is the cost of boarding a pet a disaster-related expense?

Response: Yes. Pet boarding is a legitimate disaster-related expense.

Issuance:

Question: We are having customers come in or call wanting to know if we can issue a replacement for food spoiled or lost in the June flood? These households received a replacement for Food Assistance in May because of the tornado.

Response: Yes. You can replace only the lowest of the following amounts:

- The amount lost, or
- The amount spent following the date of the tornado up to the date of the flood loss, or
- The allotment issued in June or May.

Question: A Disaster Food Assistance program applicant is currently certified for an allotment of $17 a month. She has a recoupment of $7 each month, which leaves her $10. Do we give her the difference between the full disaster allotment and $17, or the difference of the full disaster allotment and $7, what she actually receives?

Response: A recoupment is not deducted from a disaster allotment. Therefore, you will deduct what she actually received, $7, from the full allotment amount.

Question: A household's certification period expired May 31. The household received a Disaster Food Assistance program supplement allotment to bring May (May 25 disaster date) benefits to full allotment for two members because another person joined the original one-person household. The household has now applied for regular benefits in June. Can we certify the household for June benefits when the 30-day disaster period started May 25?

Response: Yes. If the certification period had not expired May 31, the household would have received a Disaster Food Assistance program supplement for May and regular benefits for June.

Question: A household of four was certified together when the disaster occurred. They are now living in two different places. Two of them are applying for a disaster supplement, but they do not have the EBT card. How do we handle this situation?

Response: The two members who are applying will use a Statement of Loss because they are certified under the regular Food Assistance program.

Consider the entire household to have applied as one:

- Determine what the Disaster Food Assistance program supplemental allotment is for the household of four.
- Approve one-half of the Disaster Food Assistance program supplemental allotment on the original household's case. Do not issue cents; round up to the nearest dollar.
- Send a *Notice of Decision* to the household's last address if the current address of the other two members is unknown. Give a copy of the notice to the household members who actually applied.
- Note on the ABC case **Info** line the amount issued through the EPPIC™ system, and that it is a split disaster supplement. If possible, make a copy of the Statement of Loss for the ABC case.
- Set up a new case through the EPPIC™ system for the two members who applied. Code this case as a disaster supplemental issuance.
- Issue the other one-half of the supplemental allotment and a Vault Card.

Please send Central Office the ABC and disaster case numbers when splitting an issuance in order to keep federal reporting and quality control correct.

Question: When we need to issue a new Vault Card and a Disaster Food Assistance program supplement, should we use the "Disaster Food (DF)" or "Disaster Supplement (DS)" code when authorizing the disaster supplement issuance?

Response: Use the "DS" code. The need to issue a Vault Card as a replacement EBT card has no bearing on the type of coding you use to issue benefits.

EPPIC™ System Entries for Disaster Food Assistance

EPPIC™ is an on-line benefit issuance system. In normal Food Assistance program operation, the Automated Benefit Calculation (ABC) system batches records to EPPIC™ to set up new cases, issue benefits, and make changes to address and cardholder information.

In Disaster Food Assistance program operation, the EPPIC™ system is used to issue all Disaster Food Assistance benefits. Information entered directly in EPPIC™ cannot be transmitted back to ABC. This section contains instructions for making the EPPIC™ system entries required to issue Disaster Food Assistance.

NOTE: The ABC batch process must be used when it is appropriate to simply issue **replacement allotments** for food that was spoiled due to the disaster. There is no special policy for replacing food spoiled in the disaster. Use regular Food Assistance policy to replace spoiled food.

General Instructions

The EPPIC™ system contains very limited information about Food Assistance cases. When Disaster Food Assistance benefits are issued through direct EPPIC™ system entries:

- The worker determines household eligibility and hand-calculates benefits. EPPIC™ cannot determine eligibility or calculate benefits. Any information regarding hand-calculating benefits will be specific to each disaster, and is explained on the application forms.
- The worker must hand-issue notices of decision. EPPIC™ cannot issue notices of decision.
- The worker must document the names, date of birth, and social security numbers of each household member in the household's case record (the application will contain this information). EPPIC™ does not contain information about individual household members.
- Information on income and deductions used in determining the Food Assistance allotment must be documented in the household's case record (the application will contain this information). EPPIC™ does not contain this information.
- If the cardholder on the household's Food Assistance account is not a household member, the household's case record must be documented with this information.

A household can choose any person it wishes to be a cardholder to do the household's grocery shopping. A nonhousehold member who is a cardholder is referred to as an "authorized representative." EPPIC™ does not indicate whether a cardholder is an actual household member or an authorized representative.

- When a household gains or loses a member, the worker must make a new eligibility determination and recalculate the household's Food Assistance benefits. EPPIC™ cannot add or remove a household member.
- EPPIC™ does not indicate if a household's Food Assistance case is open or closed on the ABC system. Cases can be added in the EPPIC™ system by worker entry.

The EPPIC™ system maintains:

- A history of all benefit issuance dates and availability dates (similar to the ABC ISSV screen). Benefits issued through direct EPPIC™ entries do not appear on ISSV.
- The history and status of all cards ever issued on an account.
- A complete history of all Food Assistance transactions for each account.

The following sections provide instructions and screen prints to guide the user through making EPPIC™ entries for specific tasks.

EPPIC™ Log-in and Log-out Procedures

When you receive your EPPIC™ security clearance, you will be given:

- An EBT log-in icon,
- Your user ID, and
- A temporary EPPIC™ password.

CAUTION: You must **change** your password immediately after logging into EPPIC™ for the first time. Read the User Password and Password Changes section **before** you first log in to EPPIC™. The following steps guide you through logging in to the EPPIC™ system:

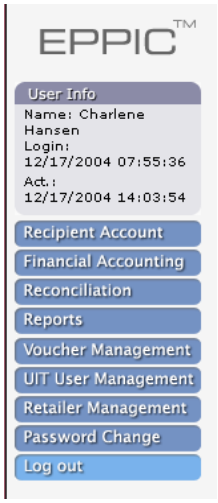
EBT Login.url

1. Click on the **EBT Login** icon on your PC Desktop.

2. The EPPIC™ **IOWA EBT CARD LOGIN** screen will appear.

   Enter your EPPIC™ user identification number in the **USER ID** box. Enter your EPPIC™ password in the **PASSWORD** box. Click on the **LOGIN** button.

Example of the EPPIC™ menu:

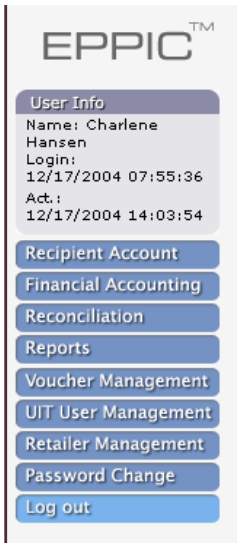


3. When you have logged into EPPIC™, your user name and the date and time you logged in appear on left side of the screen under **USER INFO**.

The following steps guide you through logging off of the EPPIC™ system.

Example of the EPPIC™ menu:

You can log out of EPPIC™ from any screen. To log out, click on the **LOG OUT** button on the EPPIC™ menu.



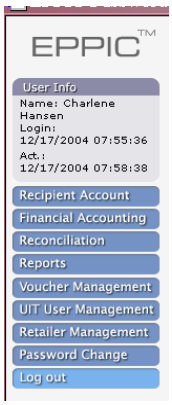
The **IOWA EBT CARD LOGIN** screen will reappear when you are logged off of the EPPIC™ system.

User Password and Password Changes

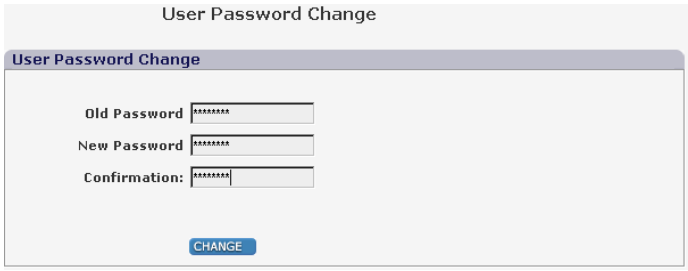
An EPPIC™ password must be 8 to 16 alphanumeric characters in length and is case sensitive. You must use the correct upper and lower case letters. You cannot log on to EPPIC™ if your password is not entered exactly as you set it up.

Change your EPPIC™ password when:

- You log in to the EPPIC™ system for the first time using your temporary password. (Remember, you can log in **only once** with a temporary password.)
- The EPPIC™ system prompts you to do so.
- A change is needed for security purposes.
- You want to change your password.
- The chart that follows shows you how to change your EPPIC™ password:



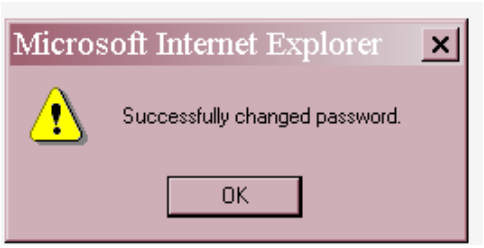
1. Click on the **PASSWORD CHANGE** button on the EPPIC™ menu.



2. Enter your current password in the **OLD PASSWORD** box.

   Enter your new password in the **NEW PASSWORD** box, and enter it again in the **CONFIRMATION** box.

   Click the **CHANGE** button on the bottom of the screen.



3. This message will appear: Successfully changed password.

   Click **OK**.

Cardholder Search Function

This function allows the EPPIC™ user to search for a case that is established in EPPIC™. This search function may be used to:

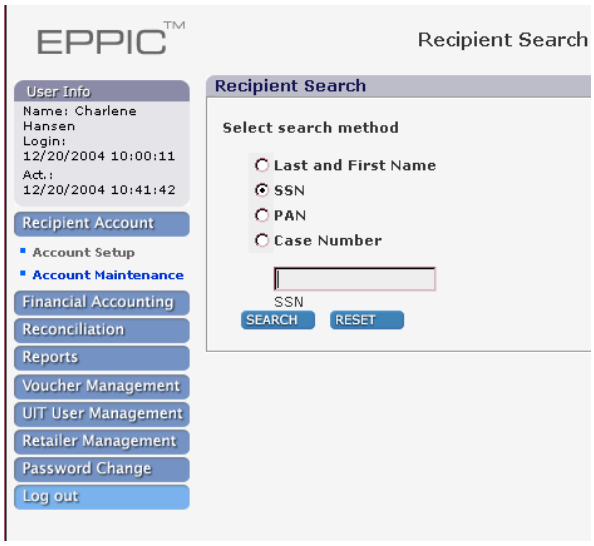
- Locate a case in order to deactivate and replace an EBT card.
- Determine if any applicant household member already has a case on EPPIC™ and whether benefits were issued on the case for the month.

NOTE: Only persons to whom an EBT card has been issued will appear in EPPIC™. Household members that have never received an EBT card in their names will not appear in EPPIC™. If ABC cannot be accessed, a search in EPPIC™ may be the

only way to determine if a household member **may** have received benefits for the month.

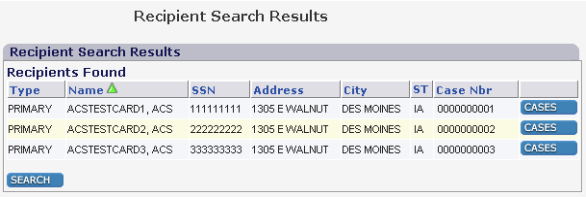
1. Click on the **RECIPIENT ACCOUNT** button on the EPPIC™ menu. A drop down menu will appear.

   Click on Account Maintenance.



2. The **RECIPIENT SEARCH** screen will appear. In the **RECIPIENT SEARCH** screen, search for all adult household members by clicking on **LAST AND FIRST NAME** or **SSN**. Enter the appropriate information in the appropriate boxes and click on the **SEARCH** button.

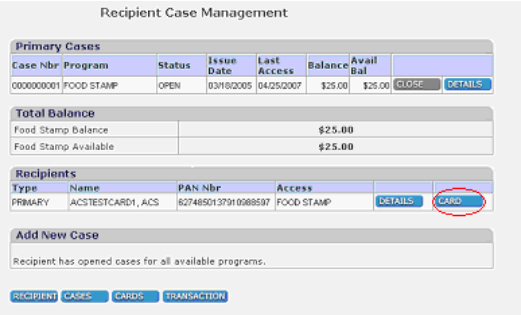
3. "No recipient found. Please search again." will be displayed if the person you are searching for is not established as a cardholder in EPPIC™.



4. If a person is found in EPPIC™, the system will display every case on which the person is or was a cardholder.

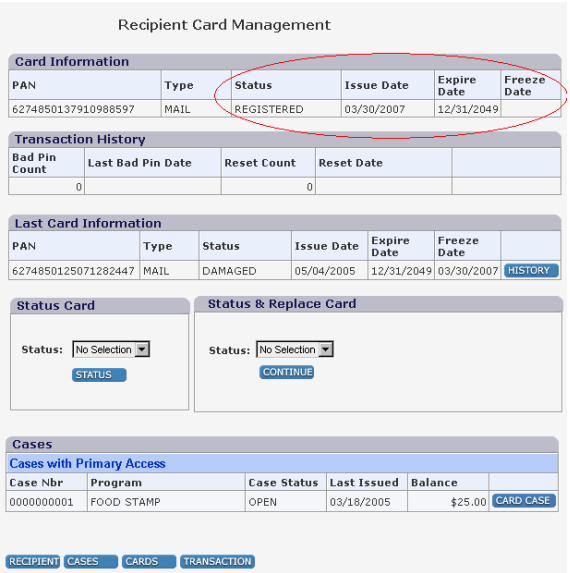
Checking the Status of an EBT Card

The following steps show how to check the status of an EBT card.



1. Perform a cardholder search as directed under Cardholder Search Function.

   The **RECIPIENTS** section of the **RECIPIENT CASE MANAGEMENT** screen shows all cardholders on the account. Click on the **CARD** button for any person who appears in the **RECIPIENTS** section to determine if the person has an active EBT card.



2. The STATUS field shows whether each card has a **REGISTERED** (active) or other status. The ISSUE DATE field shows the date the card was mailed. The EXPIRE DATE is the card expiration date.

   If the FREEZE DATE field is blank, the person's card is active. The FREEZE DATE is the date a card is deactivated.

Disaster Case Setup

A new disaster case must be set up in EPPIC™ the first time a household is approved for the Disaster Food Assistance program.

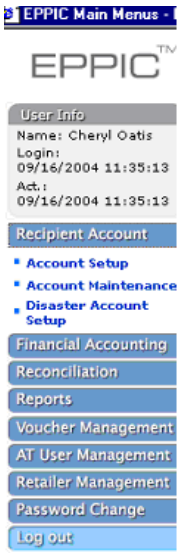
If a household has an existing regular case in EPPIC™, do not use it if the household is to be approved for a full disaster allotment. You can use an existing disaster case to approve benefits for subsequent disasters.

The following sections describe how to set up a new case in EPPIC™. If the household is later approved for an additional disaster period, disaster benefits must be added to the original disaster case. A new disaster case is not to be set up for subsequent Disaster Food Assistance program issuances.

NOTE: If a household approved for Disaster Food Assistance later applies for the regular Food Assistance program, the ABC batch process must be used to establish the household's regular Food Assistance case. The disaster case must not be used for issuing regular Food Assistance program benefits. Disaster case numbers are reserved for disaster cases that are set up directly in EPPIC™. Disaster case numbers cannot be used in ABC.

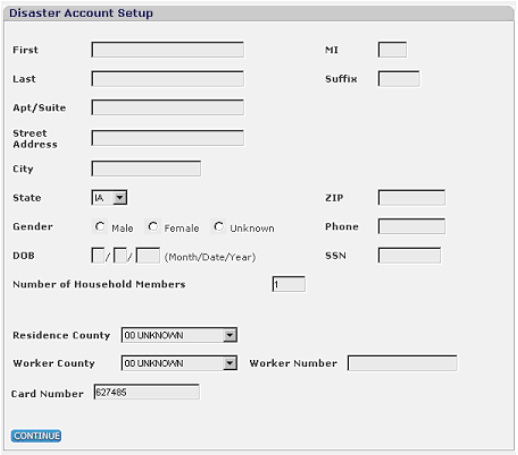
Disaster Account Setup Function for Use With Vault Cards

Central Office will send vault cards to the local office at time of a disaster. The local office will give each new household a vault card. These cards are "live." Setting up the disaster case activates the card. To set up a disaster case for the first time in EPPIC™, use the following screens:



1. Click on the **RECIPIENT ACCOUNT** button on the EPPIC™ menu.

   Click on Disaster Account Setup. The **DISASTER ACCOUNT SETUP** screen will appear.



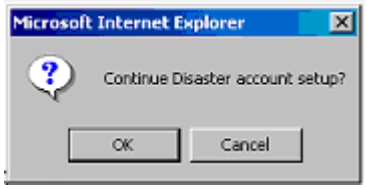
2. Enter the information in the following fields on the **DISASTER ACCOUNT SETUP** screen:
   - FIRST NAME,
   - LAST NAME,
   - APT/SUITE (if needed),
   - STREET ADDRESS,
   - CITY,
   - STATE,
   - ZIP,
   - GENDER,
   - PHONE,
   - DOB,
   - SSN,
   - NUMBER OF HOUSEHOLD MEMBERS,
   - RESIDENCE COUNTY,
   - WORKER COUNTY,
   - WORKER NUMBER, and
   - CARD NUMBER (last 13 digits of the household's new Iowa Disaster EBT vault card PAN).

   EPPIC™ will automatically assign a case number that is not in use on ABC. New disaster cases will be recorded only on EPPIC™.

   NOTE: Disaster Food Assistance households that later receive benefits under the regular Food Assistance program must have a new case set up in EPPIC™ by the ABC batch process.

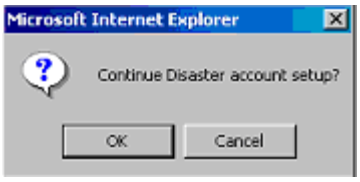
3. Carefully review the information entered for correctness. Click the **CONTINUE** button.

If all the required information has been entered correctly, you will receive the prompt "Continue Disaster account setup?".

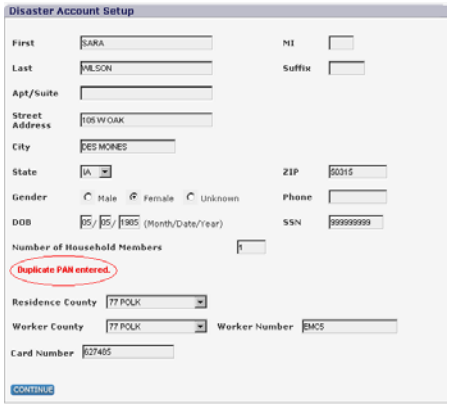


4. Click **OK** to continue the setup process. Click **CANCEL** to halt the process if additional changes are required.

   After making required changes, review the information entered for correctness. Click the **CONTINUE** button located at the bottom of the screen.

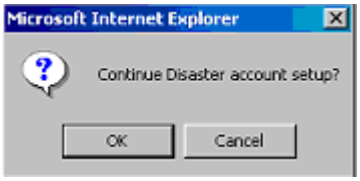


5. If all the required information has been entered correctly, you will again receive the prompt "Continue Disaster account setup?".



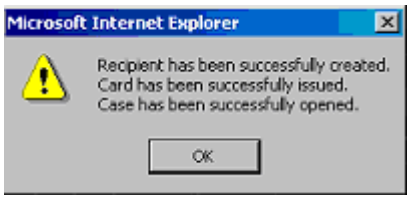
6. If EPPIC™ identifies errors, an error message will appear in red font above the CARD NUMBER field.

   Any errors must be corrected before the setup process can be continued.



7. Once the errors are corrected, the message "Continue Disaster account setup?" will appear.

   Click **OK** to continue.



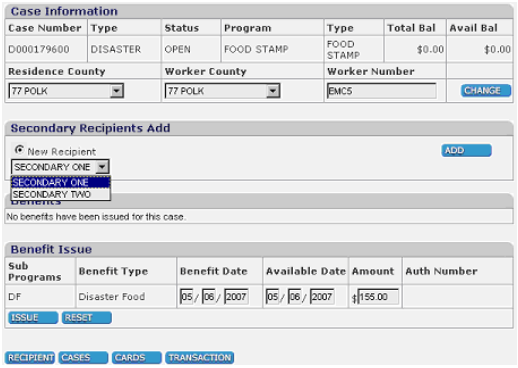
8. Message: "Recipient has been successfully created. Card has been successfully issued. Case has been successfully opened."

   Click **OK**.

Adding Secondary Cardholders to a Disaster Case

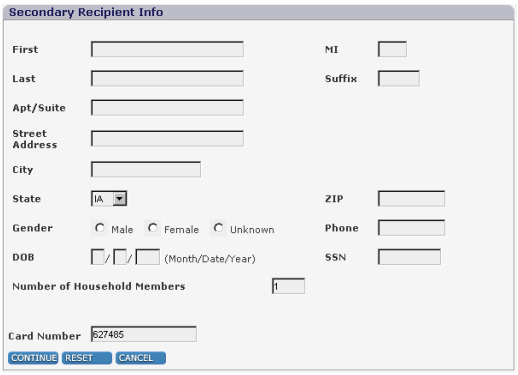
One or two additional cardholders can be issued vault cards on a disaster case using the **SECONDARY ADD: SECONDARY RECIPIENT INFO** screen.

Click on Secondary One (or Secondary Two if adding a third cardholder) in the drop-down box to display the **SECONDARY ADD: SECONDARY RECIPIENT INFO** screen.



1. Under **SECONDARY RECIPIENTS ADD**, select Secondary One or Secondary Two.

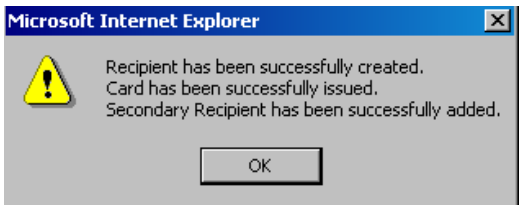
   Click **ADD**.



2. Enter the required information on the **SECONDARY RECIPIENT INFO** screen:

   - FIRST NAME,
   - LAST NAME,
   - APT/SUITE (if needed),
   - STREET ADDRESS,
   - CITY,
   - STATE,
   - ZIP,
   - GENDER,
   - DOB,
   - SSN,
   - NUMBER OF HOUSEHOLD MEMBER, and
   - CARD NUMBER (last 13-digits of the selected Iowa Disaster EBT card PAN that will be given to the new secondary cardholder.)

   Click **CONTINUE**.



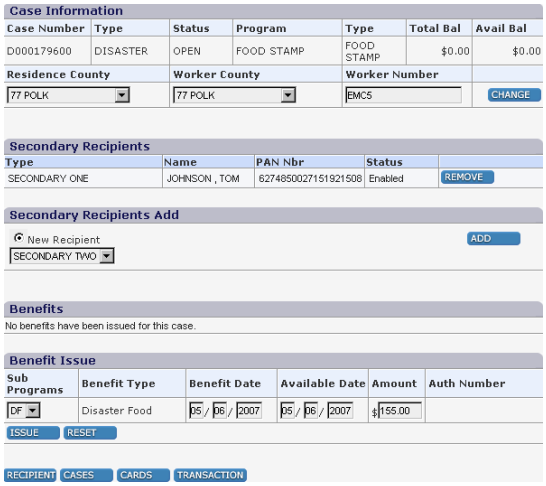
3. A prompt will appear to show that the secondary cardholder has been added to the case.

   Click **OK**.

Issuing Benefits in Disaster Cases

Benefits issued through EPPIC™ entries can be made available for immediate use or held for availability at a later date. The EPPIC™ system will hold a benefit issuance until the date the worker enters in the AVAILABLE DATE field.

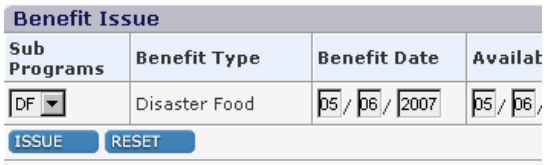
If the state is approved to issue Disaster Food Assistance benefits for more than one month, enter each month's benefits separately. In this situation, the **Benefit Date** will be the first day of the benefit month and the **Available Date** will be the day of the benefit month that the household should receive its benefits.



1. DF is the only selection available under SUB PROGRAMS for a disaster case.

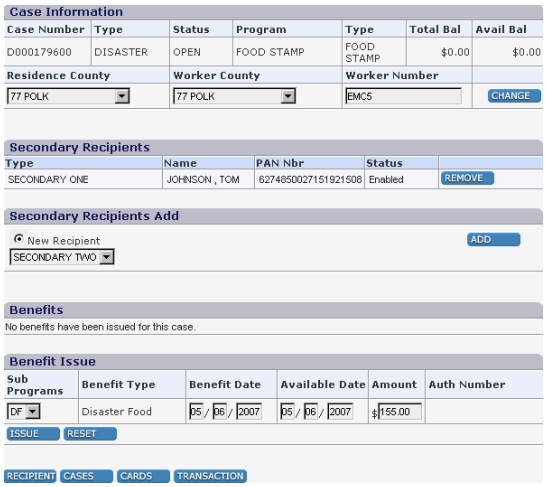
   For the first benefit issuance:

   - The benefit AMOUNT will default to the correct full allotment amount for the household's size.
   - The AUTH NUMBER will be auto-assigned by EPPIC™.



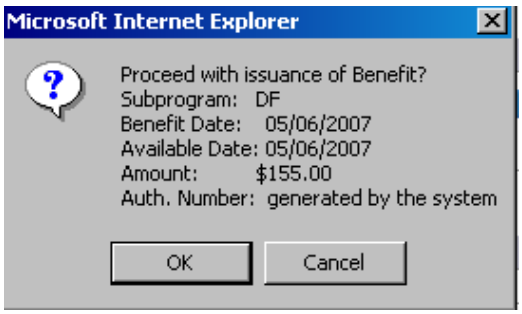
2. Click on the **RESET** button to allow changes to be made to the default values. You can also type over the default entries to change the values.

   It may be necessary to change the default value for the allotment size when a household's current certification period and the disaster period overlap.



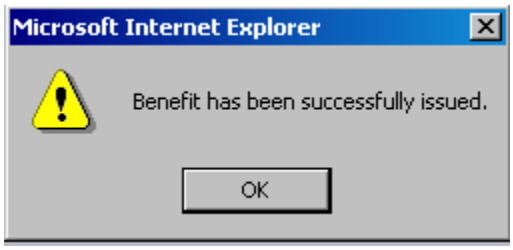
3. Review the **BENEFIT ISSUE** section to ensure that the benefit amount is correct.

   If the amount is correct, click **ISSUE**.



4. A prompt "Proceed with issuance of Benefit?" will appear.

   If the information is correct, click **OK** to complete benefit issuance.



5. The prompt "Benefit has been successfully issued." will appear.

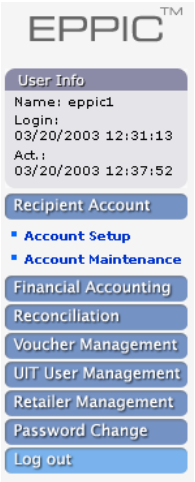
   Click **OK** to complete the process. Disaster benefits are issued.

Disaster Supplemental Issuances for Ongoing Household

Currently certified households may be eligible for a supplemental issuance to bring the household's current month's allotment up to the maximum amount. Manual entries to EPPIC™ are required to issue disaster supplemental allotments. Use the household's existing EPPIC™ case to issue the supplemental allotment. Manually calculate the amount of the disaster supplement allotment to issue to the household.

An ongoing household may be eligible for a full disaster allotment, even though the household already received benefits in the disaster period. (Use policy provided at the time of the disaster.)

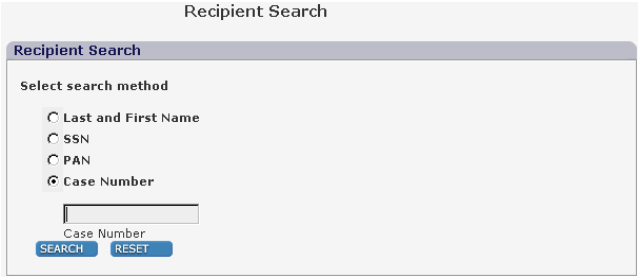
Enter the supplemental amount in EPPIC™ as follows:



1. Click on the **RECIPIENT ACCOUNT** button from the menu.

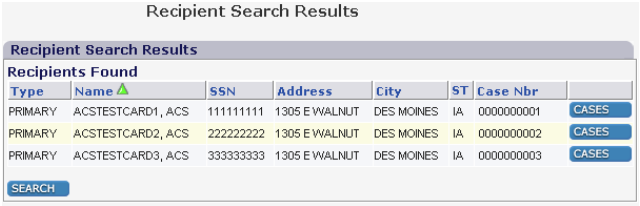
   Click on Account Maintenance in the drop down box.

   The **RECIPIENT SEARCH** screen will appear.



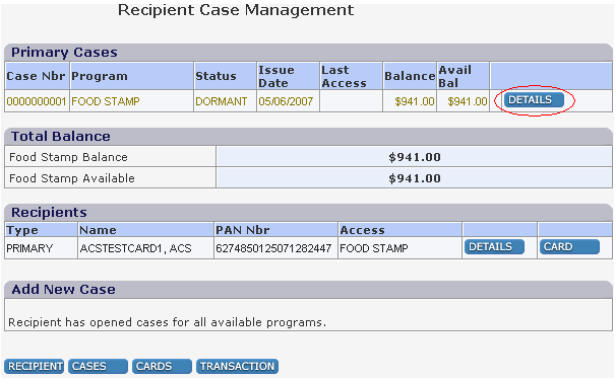
2. Select the search method from the **RECIPIENT SEARCH** screen and enter the appropriate information in the boxes.

   Click on **SEARCH**.



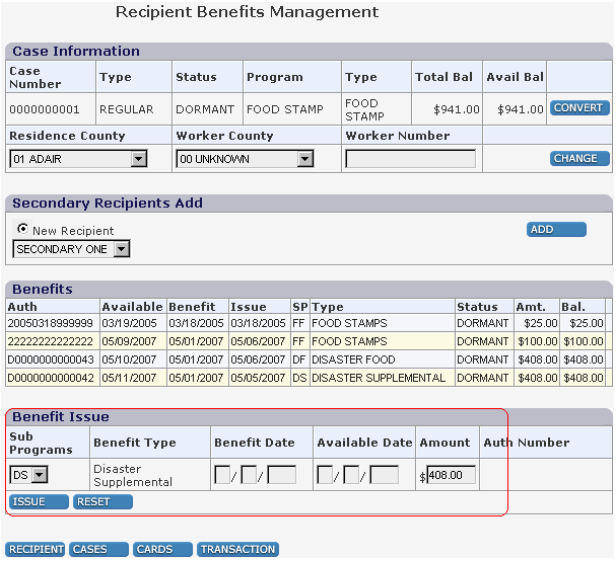
3. The **RECIPIENT SEARCH RESULTS** screen will appear.

   Select the cardholder and click on **CASES** or click **SEARCH** to search again.



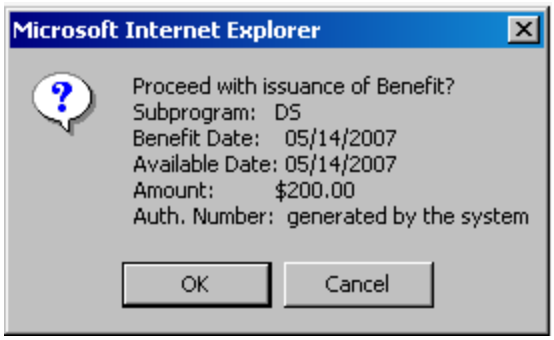
4. The **RECIPIENT CASE MANAGEMENT** screen will appear.

   Click **DETAILS** under **PRIMARY CASES**.



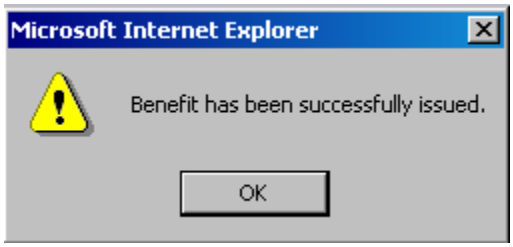
5. Change SUB PROGRAMS to DS. Complete BENEFIT DATE, AVAILABLE DATE, and change default AMOUNT of benefits.

   Click **ISSUE**.



6. Message: Proceed with issuance of Benefit?

   Select **OK** to issue.



7. Message: Benefit has been successfully issued.

   Select **OK**.

Replacing Lost or Stolen EBT Cards

Lost or stolen EBT cards can be replaced by:

- The EBT Customer Service, through the ABC batch process,
- Direct EPPIC™ entries and card mailed process, or
- Direct EPPIC™ entries using a Vault Card.

The following steps show how to issue replacement cards.

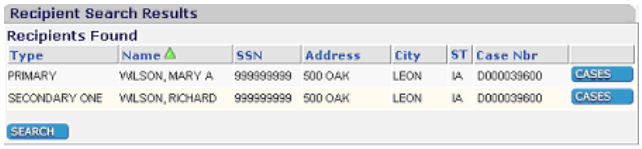
1. Click on the **RECIPIENT ACCOUNT** button from the menu.

   Click on Account Maintenance in the drop down box.

   The **RECIPIENT SEARCH** screen will appear.

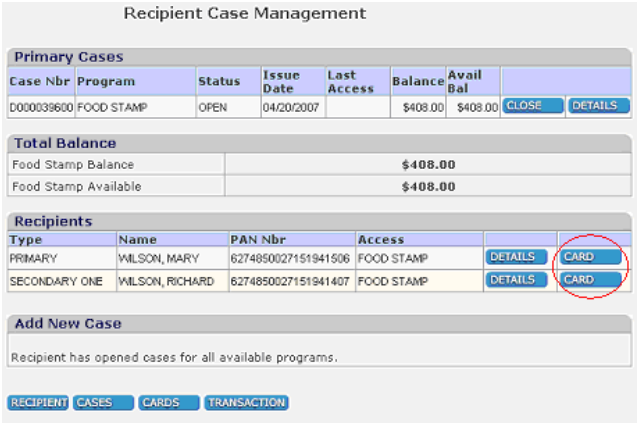
2. Select the search method from the **RECIPIENT SEARCH** screen and enter the appropriate information in the boxes.

   Click on **SEARCH**.



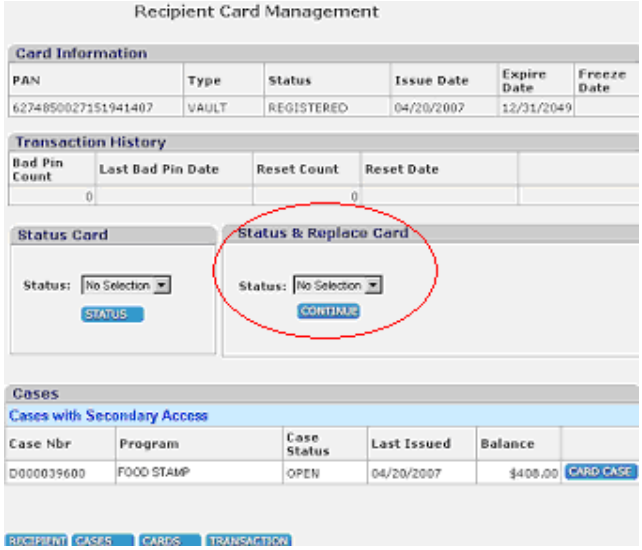
3. The **RECIPIENT SEARCH RESULTS** screen will appear.

   Select the cardholder and click on **CASES** or click **SEARCH** to search again.

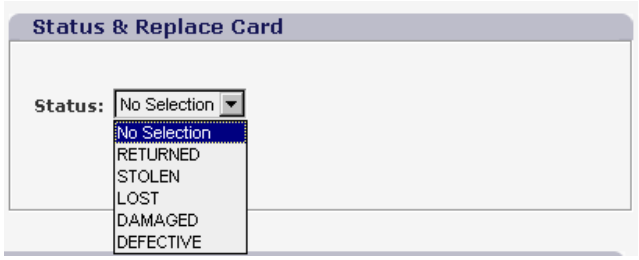


4. The **RECIPIENT CASE MANAGEMENT** screen will appear.

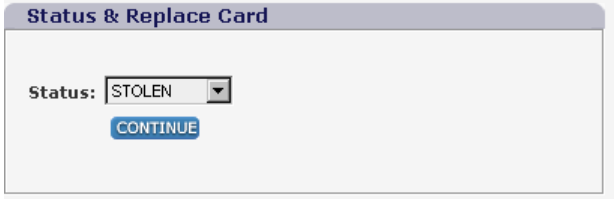
   Click the **CARD** that needs to be replaced.



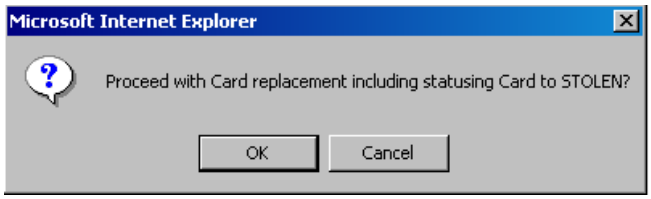
5. Select status under **STATUS & REPLACE CARD**. Selecting Status Card will not replace the card.



6. Select the reason the card is being replaced.

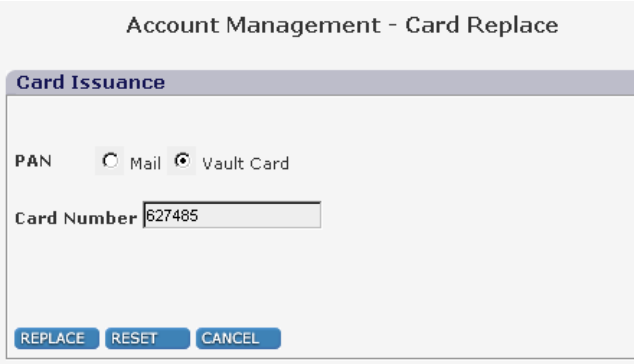


7. Click **CONTINUE**.



8. Message: Proceed with Card replacement including statusing Card to …?

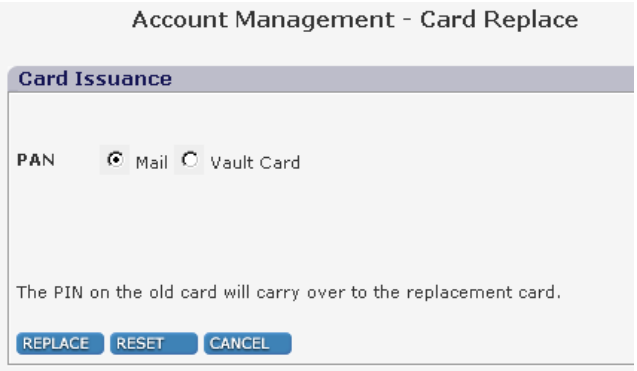
   Click **OK**.

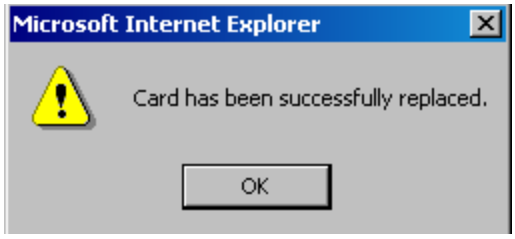


9. Select **MAIL** or **VAULT CARD**.

   (NOTE: Enter the last 13 digits of the selected Iowa Disaster EBT Card PAN if issuing a Vault Card.)

   Click **REPLACE**.





10. Message: Card has been successfully replaced.

    Click **OK**.

Manual Issuance of Ongoing Benefits Through EPPIC™

In the **extreme** case that ABC is disabled or the state has lost connectivity to ACS, the EPPIC™ system may be able to issue ongoing monthly Food Assistance. This can be accomplished only if ABC records can be retrieved to create a monthly issuance file. The monthly issuance file can be emailed or shipped on a CD to ACS.

When ACS runs the monthly issuance file, cases closed on ABC following the last monthly issuance file that was batched to EPPIC™ will receive benefits. EPPIC™ will not "know" that a case has been canceled on ABC. New cases established on EPPIC™ following the last monthly issuance batched will not receive benefits because the ABC file will not contain the new cases.

New regular Food Assistance cases can be manually entered in EPPIC™, but should not be unless the situation is so severe that this is necessary. Ongoing cases that were approved following the last monthly issuance batch before the ABC system went down must have the next month's benefits manually entered if not issued by an ABC file.

If EPPIC™ will be used as the sole issuance system for two or more months, several future months' benefits can be entered into the EPPIC™ system and coded to be held for release on the appropriate availability date.

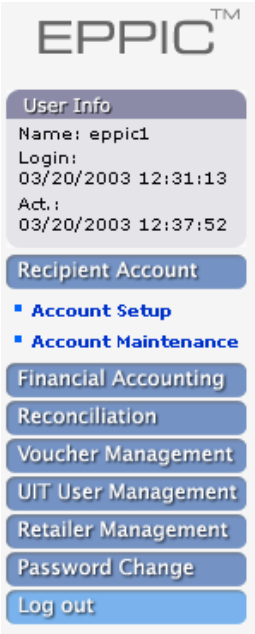
Close or Reopen a Case Function

Cases on EPPIC™ will generally show as "open." This status has no bearing on the case status according to the ABC system. A case can be closed and reopened using entries to EPPIC™.

If ABC cannot be used to close a case, the EPPIC™ user can close the case in the EPPIC™ system. This function may be used if the ABC system is unavailable for an extended period of time and a case needs to be closed to prevent an automated issuance.

If it is necessary to implement the close and reopen functions, careful case record documentation must be maintained.

To Close a Case



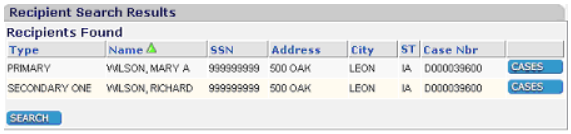
1. Click on the **RECIPIENT ACCOUNT** button from the menu.

   Click on Account Maintenance in the drop down box.

   The **RECIPIENT SEARCH** screen will appear.

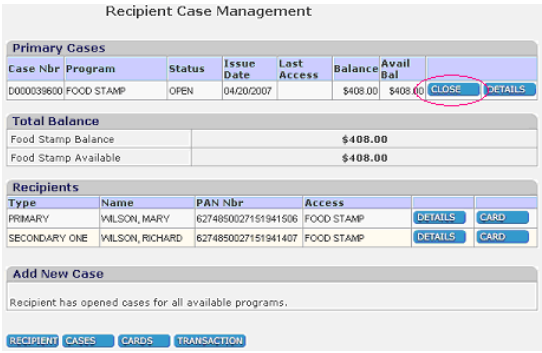
2. Select the search method from the **RECIPIENT SEARCH** screen and enter the appropriate information in the boxes.

   Click on **SEARCH**.



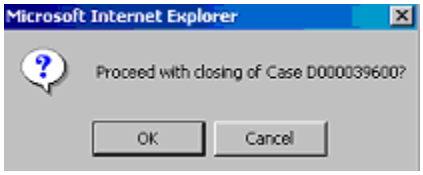
3. The **RECIPIENT SEARCH RESULTS** screen will appear.

   Select the correct cardholder and click on **CASES** or click **SEARCH** to search again.



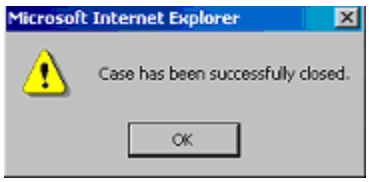
4. The **RECIPIENT CASE MANAGEMENT** screen will appear.

   Click **CLOSE**.



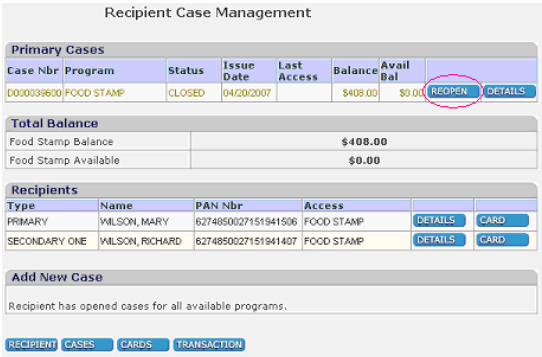
5. Message: Proceed with closing of Case …?

   Click **OK**.



6. Message: Case has been successfully closed.

   Click **OK**.



7. Closed case will now have a **REOPEN** button.

To Reopen a Case

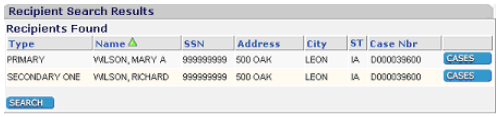
1. Click on **RECIPIENT ACCOUNT** from the menu.

   Click on Account Maintenance in the drop down box.

   The **RECIPIENT SEARCH** screen will appear.

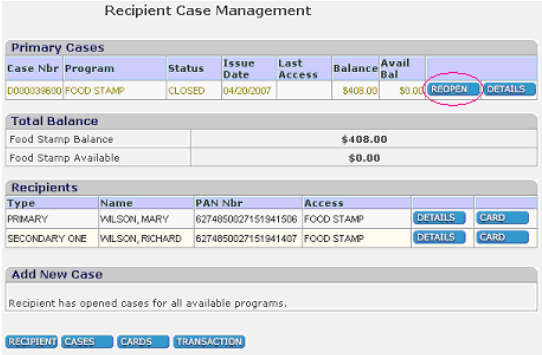
2. Select the search method from the **RECIPIENT SEARCH** screen and enter the appropriate information in the boxes.

   Click **SEARCH**.



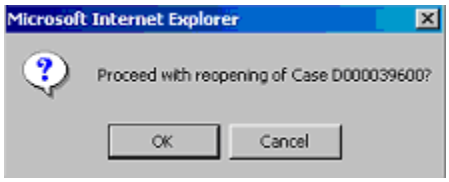
3. The **RECIPIENT SEARCH RESULTS** screen will appear.

   Click on **CASES** for the name you want or click **SEARCH** to search again.



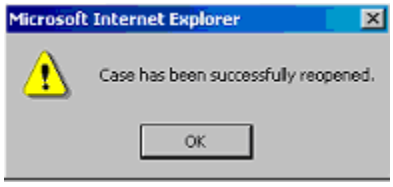
4. The **RECIPIENT CASE MANAGEMENT** screen will appear.

   Click **REOPEN** next to appropriate case.



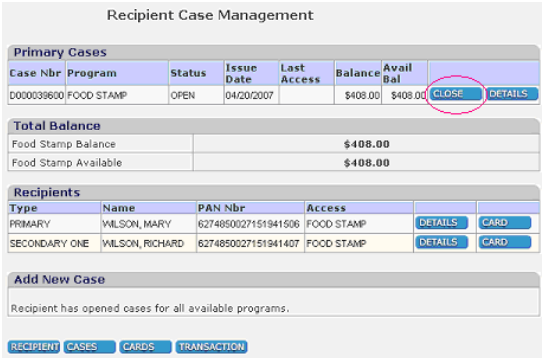
5. Message: Proceed with reopening of Case …?

   Click **OK**.



6. Message: Case has been successfully reopened.

   Click **OK**.



7. Reopened case will now have a **CLOSE** button.

Canceling Benefits Before Availability Date

In the EPPIC™ system, two dates are connected to each issuance: the ISSUE DATE and the AVAILABLE DATE. The ISSUE DATE is the date that an issuance was authorized (posted to the account).

If the issue date is before the availability date, the benefits can be canceled before they are available for use (the date showing in the AVAILABLE DATE field). Benefits can be canceled before the benefit availability date only.

The following screen prints and Step Actions show how to cancel benefits.

1. Click on **RECIPIENT ACCOUNT** from the menu.

   Click on Account Maintenance in the drop down box.

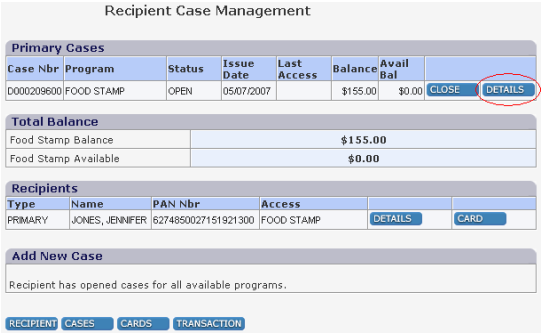
   The **RECIPIENT SEARCH** screen will appear.

2. Select the search method from the **RECIPIENT SEARCH** screen and enter the appropriate information in the boxes.

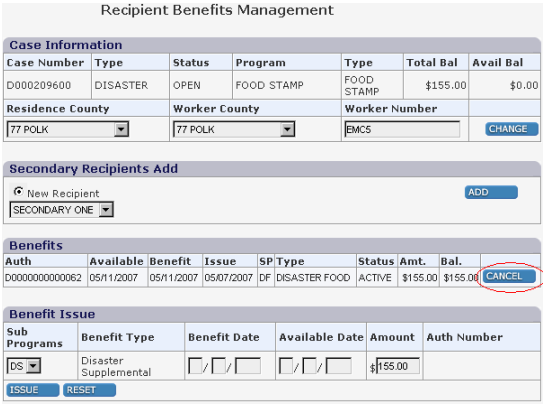
   Click **SEARCH**.

3. The **RECIPIENT SEARCH RESULTS** screen will appear.

   Click on the **CASES** button for the name you are looking for or click **SEARCH** to search again.

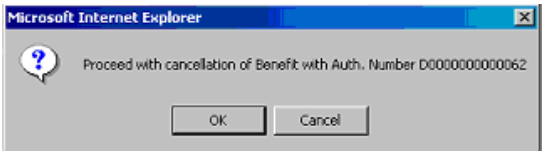


4. The **RECIPIENT CASE MANAGEMENT** screen will appear



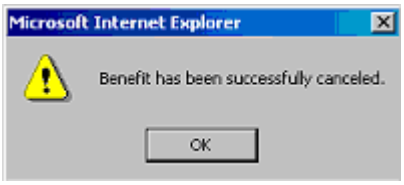
5. Click **DETAILS** and the **RECIPIENT BENEFITS MANAGEMENT** screen will appear.

   Click **CANCEL** next to the pending benefit.



6. Message: Proceed with cancellation of Benefit with Auth. Number … .

   Click **OK**.



7. Message: Benefit has been successfully canceled.

   Click **OK**.

Iowa Department of Human Services

Statement of Loss of Income or Disaster-Related Expenses

For households already receiving Food Assistance benefits

DHS USE ONLY
Disaster period: to
Date received:
Regular case number:
Disaster case number:

INSTRUCTIONS: Complete this form truthfully and to the best of your knowledge. You might need to prove that your household lived in the disaster area at the time of the disaster. You might need to verify that the disaster caused you expenses.

Your name	**Phone number where we can reach you**
Home address, city, ZIP code, and county	**Temporary address, city, ZIP code, and county (if different)**

PART A. TELL US ABOUT THE PEOPLE WHO LIVE WITH YOU

Fill in the information below about yourself and the people who normally live and eat with you. Include your spouse and children under 22, if they normally live with you, even if you don't always eat together. *You don't need to be a citizen or have a Social Security number to get Disaster Food Assistance. If you have a household member who has been living with you, but ineligible for some reason, include them on this form. You may be able to get benefits for them for the disaster program.*

Don't include anyone you are temporarily staying with because of the disaster.

If you receive regular Food Assistance benefits and list people on this disaster form that aren't on your regular benefits with you, they may be added to your regular Food Assistance case.

First/last name of everyone who normally lives with you	Birth Date	Social Security Number	DHS Use Only **State ID** – No EPPIC entry.
Your name:			

PART B. TELL US ABOUT YOUR HOUSEHOLD'S SITUATION	
1. Did your household live in the disaster area at the time the disaster struck? If YES, continue to question 2. If NO, you are not eligible for Disaster Food Assistance.	Yes No
2. Will your household be buying food while the disaster damage is being cleaned up? If YES, continue to question 3. If NO, you are not eligible for Disaster Food Assistance.	Yes No
3. What is the exact date your household experienced a loss because of the disaster?	
4. What caused your loss? Please explain. *(Example: ice, flood, power outage, snow)*	
5. If a power outage caused spoiled food, how long did the outage last at your home?	
6. Did the disaster cause any of your household's income to be reduced, stopped, or delayed for at least two weeks after the disaster happened?	Yes No
7. Did the disaster damage or destroy your home or self-employment property?	Yes No
8. Did the disaster cause household expenses that will not be totally reimbursed within 30 days from the disaster? Even if the only thing destroyed as food, circle YES.	Yes No

PART C. TELL US ABOUT EXPENSES YOU HAVE BECAUSE OF THE DISASTER	
Did the disaster cause your household any expenses listed below? Don't include items you will be reimbursed for by an insurance company during the disaster period. *Examples are listed behind the expenses.*	Total your household paid or will be paying
Food destroyed or spoiled *(refrigerator, deep freeze, cupboards)*	
Cost to protect property during disaster cleanup *(wood, tarps, sandbags, sump pump, equipment rental)*	
Clean-up costs *(bleach, towels, antibacterial cleaner, gloves, mops, shovels, equipment rental)*	
Shelter expenses away from home *(hotel, campground)*	
Replace personal items *(clothes, bedding, hygiene items, shoes, toys)*	
Moving and storage costs *(moving truck rental, storage rental)*	
Vehicle repair or replacement	
Cost to repair or replace items for your home or self-employment property *(washer/dryer, beds, carpet, furnace, A/C, furniture, water heater, TV, paint)*	
Childcare because of the disaster	
Pet boarding	
Medical or funeral expenses due to disaster	
Other disaster-related expenses *(tell us what kind of expense it is below)*	
RESERVED FOR DHS USE ONLY	**TOTAL:**

PART D. PENALTY WARNING

This form may be reviewed later to make sure your household was eligible for Disaster Food Assistance. The rules are:

- **DO NOT** give false information or hide information to get Food Assistance.
- **DO NOT** use Food Assistance to buy non-food items such as alcohol or tobacco.
- **DO NOT** sell, trade or give away your Vault Card.

Anyone who breaks the rules listed above:

- May not get Food Assistance benefits for one year for the first time, two years for the second time, and forever for the third time;
- May be fined up to $250,000 or jailed up to 20 years, or both; and
- May be kept off Food Assistance for another 18 months if court ordered. If a court finds you guilty of buying, selling, or trading more than $500 in Food Assistance benefits, you may not get Food Assistance forever. If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time. You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live. **Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean you have to pay back assistance.**

PART E. CERTIFICATION AND SIGNATURE

I understand the questions on this form and the penalties for hiding or giving false information. My household is in need of Food Assistance as a result of the disaster. I understand that I am not required to provide my household's Social Security numbers to receive Disaster Food Assistance benefits. 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 hearing either orally or in writing if I do not agree with any action taken on my case.

I understand that if I list people on this disaster form that aren't on my regular Food Assistance case, they may be added to my regular Food Assistance benefits.

Applicant or Witness Signature (if applicant signed with an X)	Date

RESERVED FOR DHS USE PART F. DOCUMENTATION AND ELIGIBILITY COMPUTATION SECTION		
Step 1. Did the household live in the disaster area during the FEMA incident period?		**Yes** – Continue to Step 2. **No** – HH is ineligible.
Step 2. Did the household have an adverse affect caused by the disaster?		**Yes** – Continue to Step 3. **No** – HH is ineligible.
Step 3. a. Total number of household members (certified plus new) b. Maximum allotment for household size c Amount of benefits household received for the month that includes the first day of the disaster period. d. Subtract line c. from line b. Issue this amount of benefits on a Vault Card.		_____ $_____ $_____ $_____
Eligibility Reviewer	Worker Number	Date
Processor	Worker Number	Date
Vault PAN		
Notes:		**If referred to DIA, reason household referred:** **DIA suggests:**

Iowa Department of Human Services

Statement of Loss of Income or Disaster-Related Expenses
(Declaración de pérdida de ingresos o gastos debido a catástrofe)

Para grupos familiares que ya reciben beneficios de Food Assistance

USO EXCLUSIVO DE DHS
Período de la catástrofe: a
Fecha de recepción:
Número de caso regular:
Número de caso por catástrofe:

INSTRUCCIONES: Complete este formulario de solicitud con la verdad y de acuerdo a su conocimiento. Podría tener que probar que su grupo familiar vivía en el área cuando la catástrofe ocurrió. Podría tener que comprobar que la catástrofe le ocasionó gastos.

Su nombre	**Número de teléfono para comunicarnos con Ud.**
Domicilio residencial, ciudad, código postal y condado	**Domicilio temporal, ciudad, código postal y condado (si es diferente)**

PARTE A. INFÓRMENOS SOBRE LAS PERSONAS QUE VIVEN CON USTED

Complete los datos solicitados a continuación sobre usted y las personas que normalmente viven y comen con usted. Debe nombrar a su cónyuge y a sus hijos menores de 22 años, si los mismos normalmente viven con usted, aunque no siempre coman juntos. *No necesita ser ciudadano/a ni tener número de Social Security para recibir Disaster Food Assistance (asistencia para alimentos por catástrofe). Incluya en este formulario a aquellos miembros de su grupo familiar que viven con usted aunque no califiquen por algún motivo. Podría conseguir beneficios para ellos a través de los programas para catástrofes.*

No incluya a aquellas personas con las que está viviendo temporalmente debido a la catástrofe.

Si recibe beneficios de Food Assistance regularmente y en este formulario indica los nombres de personas que no reciben beneficios regularmente, se agregará a dichas personas a su caso regular de Food Assistance.

Nombre y apellido de aquellas personas que normalmente viven con usted	Fecha de nacimiento	Número de Social Security	Uso exclusivo de DHS **Ident. estatal** – Sin entrada en EPPIC.
Su nombre:			

PARTE B. INFÓRMENOS SOBRE LA SITUACIÓN DE SU GRUPO FAMILIAR		
1.	¿Su grupo familiar vivía en la zona de la catástrofe cuando ésta ocurrió? Si respondió SÍ, responda la pregunta 2. Si respondió NO, no es elegible para Disaster Food Assistance.	Sí No
2.	¿Su grupo familiar deberá comprar alimentos mientras se realizan los trabajos de limpieza en la zona de la catástrofe? Si respondió SÍ, responda la pregunta 3. Si respondió NO, no es elegible para Disaster Food Assistance.	Sí No
3.	Fecha exacta en que su grupo familiar sufrió una pérdida debido a la catástrofe.	
4.	¿Qué causó su pérdida? Explique. *(Por ejemplo: hielo, inundación, corte de la energía eléctrica, nieve)*	
5.	Si sus alimentos se echaron a perder debido a un corte de energía eléctrica, ¿cuánto tiempo duró el corte de energía eléctrica en su hogar?	
6.	¿Los ingresos de algún miembro de su grupo familiar fueron reducidos, suspendidos o sufrieron atrasos por al menos dos semanas debido a la catástrofe?	Sí No
7.	¿La catástrofe dañó o destruyó su vivienda o la propiedad donde trabajaba por cuenta propia?	Sí No
8.	¿La catástrofe le ocasionó a su grupo familiar gastos que no serán reembolsados totalmente dentro de los 30 días posteriores a la catástrofe? Responda "SÍ" aunque la catástrofe solamente haya dañado sus alimentos.	Sí No

PARTE C. INFÓRMENOS SOBRE LOS GASTOS QUE TIENE DEBIDO A LA CATÁSTROFE	
¿La catástrofe le ocasionó a su grupo familiar alguno de los gastos descritos a continuación? No incluya aquellos artículos que serán reintegrados por una compañía de seguros durante el período de la catástrofe. *Ejemplos entre paréntesis.*	Importe total pagado o que pagará su grupo familiar
Alimentos que se echaron a perder o se dañaron *(refrigerador, congelador, alacenas)*	
Costo para proteger la propiedad mientras se despeja la zona de la catástrofe *(madera, lonas, bolsas de arena, bomba de drenaje, alquiler de equipos)*	
Costos de limpieza *(cloro, paños, desinfectante, guantes, trapeador, palas, alquiler de equipo)*	
Gastos de hospedaje fuera del hogar *(hotel, campamento)*	
Reposición de artículos personales *(vestimenta, ropa de cama, artículos para aseo personal, calzado, juguetes)*	
Costos de mudanza y depósito *(flete para mudanza, alquiler de depósito)*	
Reparación o reposición de un vehículo	
Costo de reparaciones o reposición de artículos para el hogar o para la propiedad donde trabaja por cuenta propia *(lavarropas/secarropas, camas, alfombras, caldera, aire acondicionado, muebles, calentador de agua, televisor, pintura)*	
Cuidado de niños debido a la catástrofe	
Guardería para mascotas	
Gastos médicos o funerarios debido a la catástrofe	
Otros gastos relacionados con la catástrofe *(indique el tipo de gasto)*	
RESERVADO PARA USO EXCLUSIVO DE DHS	**INGRESO TOTAL:**

PARTE D. ADVERTENCIA SOBRE SANCIONES

Este formulario podría ser revisado con posterioridad para asegurarnos de que su grupo familiar calificaba para recibir Disaster Food Assistance. Las normas son:

- **NO** dé información falsa ni oculte información para obtener Food Assistance.
- **NO** use Food Assistance para comprar artículos no alimenticios, tales como alcohol o tabaco.
- **NO** venda, ni canjee, ni regale su tarjeta electrónica Vault.

Aquellas personas que infrinjan las normas mencionadas anteriormente:

- No recibirán beneficios de Food Assistance por un año la primera vez, por dos años la segunda vez, y nunca más la tercera vez;
- Tendrán que pagar una multa de hasta $250,000 o irán a la cárcel por un período de hasta 20 años, o sufrirán ambas sanciones; y
- Podrían estar 18 meses más sin recibir Food Assistance si se interpone una orden judicial. Si se las declara culpables de comprar, vender o canjear más de $500 de beneficios de Food Assistance, no podrán recibir Food Assistance nunca más. Si se las declara culpables de canjear beneficios de Food Assistance por armas de fuego, municiones o explosivos, perderán los beneficios de por vida.

Si un juez le declara culpable de canjear beneficios de Food Assistance por sustancias controladas, perderá los beneficios por dos años la primera vez y para siempre la segunda vez. No recibirá Food Assistance por 10 años si se le declara culpable de obtener o tratar de obtener Food Assistance en más de un grupo familiar por vez. Esta sanción se aplica si presenta información incorrecta sobre quién es y dónde vive. **Si nos da información incorrecta deliberadamente, entablaremos una acción legal penal o civil en su contra. Además, tendrá que reintegrar la asistencia recibida.**

PARTE E. CERTIFICACIÓN Y FIRMA DEL SOLICITANTE

Entiendo las preguntas que figuran en este formulario y las sanciones por ocultar o dar información falsa. Mi grupo familiar necesita Food Assistance como consecuencia de la catástrofe. Entiendo que no tengo obligación de presentar los números de Social Security de mi grupo familiar para poder recibir beneficios de Disaster Food Assistance. Certifico, bajo pena de cometer perjurio, que la información que he dado es correcta y completa de acuerdo a mi conocimiento. Además, autorizo la divulgación de toda la información necesaria para determinar la veracidad de mi certificación. Entiendo que si no estoy de acuerdo con alguna de las acciones tomadas en mi caso, tengo el derecho de solicitar una audiencia verbalmente o por escrito.

Entiendo que si en este formulario indico los nombres de personas que no figuran en mi caso regular de Food Assistance, las mismas serán agregadas a mis beneficios regulares de Food Assistance.

Firma del solicitante o del testigo (si el solicitante firma con X)	Fecha

RESERVED FOR DHS USE PART F. DOCUMENTATION AND ELIGIBILITY COMPUTATION SECTION		
Step 1. Did the household live in the disaster area during the FEMA incident period?		**Yes** – Continue to Step 2. **No** – HH is ineligible.
Step 2. Did the household have an adverse affect caused by the disaster?		**Yes** – Continue to Step 3. **No** – HH is ineligible.
Step 3. a. Total number of household members (certified plus new) b. Maximum allotment for household size c Amount of benefits household received for the month that includes the first day of the disaster period. d. Subtract line c. from line b. Issue this amount of benefits on a Vault Card.		_____ $_____ $_____ $_____
Eligibility Reviewer	Worker Number	Date
Processor	Worker Number	Date
Vault PAN		
Notes:		**If referred to DIA, reason household referred:** **DIA suggests:**

Iowa Department of Human Services

Application for Disaster Food Assistance

(Pursuant to 7 CFR 280)

We will consider all applicants without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief, or veteran status.

DHS USE ONLY
Disaster period: to
Application date:
Regular case number:
Disaster case number:

INSTRUCTIONS: Complete this application truthfully and to the best of your knowledge. If you need help applying for or using Food Assistance, you can have someone help you to do those things. You need to show us who you are. If your ID was lost in the disaster, tell us. You might need to prove that your household lived in the disaster area at the time of the disaster. You might need to verify that the disaster causes you expenses. If you refuse to give information the worker asks for, your household cannot get Food Assistance.

Your name	**Phone number where we can reach you**
Home address, city, ZIP code, and county	**Temporary address, city, ZIP code, and county (if different)**

PART A. TELL US ABOUT THE PEOPLE WHO LIVE WITH YOU RIGHT NOW

Fill in the information below about yourself and the people who normally live and eat with you. Include your spouse and children under 22, if they normally live with you, even if you don't always eat together. *You don't need to be a citizen or have a Social Security number to get Disaster Food Assistance.*

Don't include anyone you are temporarily staying with because of the disaster.

First/last name of everyone who normally lives with you	Birth Date	Social Security Number
Your name:		

Did any of the people you lived with at the time of the disaster get regular Food Assistance benefits the month the disaster happened? YES NO If YES, please tell us who:

_____

PART B. TELL US ABOUT YOUR HOUSEHOLD'S SITUATION	
1. Did your household live in the disaster area at the time the disaster struck? If YES, continue to question 2. If NO, stop here. You're not eligible for Disaster Food Assistance.	Yes No
2. Will your household be buying food while the disaster damage is being cleaned up? If YES, complete the rest of this application. If NO, stop here. You're not eligible for Disaster Food Assistance.	Yes No
3. What was the exact date your household experienced a loss because of the disaster?	
4. What caused your loss? Please explain. *(Example: ice, flood, power outage, snow)*	
5. If a power outage caused spoiled food, how long did the outage last at your home?	
6. Did the disaster cause any of your household's income to be reduced, stopped, or delayed for at least two weeks after the disaster happened?	Yes No
7. Did the disaster damage or destroy your home or self-employment property?	Yes No
8. Did the disaster cause household expenses that will not be totally reimbursed by insurance during the disaster period? Even if the only thing destroyed as food, circle YES.	Yes No

PART C. TELL US ABOUT YOUR HOUSEHOLD'S INCOME

List the take-home pay and other net income that anyone in your household has received or will receive during the 30-day disaster period. Examples of income could be *pay from work, Social Security, child support*.

Don't include anyone you are temporarily staying with because of the disaster.

What kind of income? (i.e., work, Social Security)	Who get this income?	List the dates income was received or will be received	How much?
RESERVED FOR DHS USE ONLY			**TOTAL INCOME:**

PART D. TELL US ABOUT CASH THAT IS AVAILABLE TO YOUR HOUSEHOLD RIGHT NOW		
List any cash your household has including money in the bank that you can get to right now. **Don't include anyone you are temporarily staying with because of the disaster.**		
Where is the money located?	Whose money is it?	How much?
1. Do you have any outstanding checks or automatic withdrawals to be deducted from the amounts listed above? **YES** **NO** If yes, include the amount. →		
2. Is any of the income you listed in Part C included in the amounts you listed above? **YES** **NO** If yes, include the amount. →		
RESERVED FOR DHS USE ONLY	**TOTAL OF QUESTIONS 1 AND 2:**	**TOTAL CASH:**

PART E. TELL US ABOUT EXPENSES YOU HAVE BECAUSE OF THE DISASTER	
Did the disaster cause your household any expenses listed below? Don't include items you will be reimbursed for by an insurance company during the disaster period. *Examples are listed behind the expenses.*	Total your household paid or will be paying
Food destroyed or spoiled *(refrigerator, deep freeze, cupboards)*	
Cost to protect property during disaster cleanup *(wood, tarps, sandbags, sump pump, equipment rental)*	
Clean-up costs *(bleach, antibacterial cleaner, mops, shovels, equipment rental)*	
Shelter expenses away from home *(hotel, campground)*	
Replace personal items *(clothes, bedding, hygiene items, shoes, toys)*	
Moving and storage costs *(moving truck rental, storage rental)*	
Vehicle repair or replacement	
Cost to repair or replace items for your home or self-employment property *(washer/dryer, beds, carpet, furnace, A/C, furniture, water heater, TV, paint)*	
Childcare because of the disaster	
Pet boarding	
Medical and funeral expenses due to disaster	
Other disaster-related expenses *(tell us what kind of expense it is below)*	
RESERVED FOR DHS USE ONLY	**TOTAL:**

PART F. PENALTY WARNING

Your household must follow the rules listed below if approved for Disaster Food Assistance. This application may be reviewed later to make sure your household was eligible for Disaster Food Assistance. The rules are:

- **DO NOT** give false information or hide information to get Food Assistance.
- **DO NOT** use Food Assistance to buy non-food items such as alcohol or tobacco.
- **DO NOT** sell, trade or give away your EBT card.

Anyone who breaks the rules listed above:

- May not get Food Assistance benefits for one year for the first time, two years for the second time, and forever for the third time;
- May be fined up to $250,000 or jailed up to 20 years, or both; and
- May be kept off Food Assistance for another 18 months if court ordered. If a court finds you guilty of buying, selling, or trading more than $500 in Food Assistance benefits, you may not get Food Assistance forever. If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time. You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live. **Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean you have to pay back assistance.**

PART G. CERTIFICATION AND APPLICANT'S SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of Food Assistance as a result of the disaster. I understand that I am not required to provide my household's Social Security numbers to receive Disaster Food Assistance. 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 or Witness Signature (if applicant signed with an X)	Date

**** RESERVED FOR DHS USE ****

PART H. DOCUMENTATION AND ELIGIBILITY COMPUTATION SECTION

Step 1. Did the household live in the disaster area during the FEMA incident period?	**Yes** – Continue to Step 2. **No** – HH is ineligible.
Step 2. Did the household have an adverse affect caused by the disaster?	**Yes** – Continue to Step 3. **No** – HH is ineligible.
Step 3. Determine the household's available funds: 1. **Total from Part C.** (Net income received or anticipated to be received during the certification period. The certification period isn't a calendar month. It's 30 days. See top right of Page 1 for specific dates.) 2. **Total from Part D.** (Total available liquid assets at the time of interview minus any amounts clients listed in questions 1 and 2.) 3 Add 1 and 2. (Total of allowable income and assets.) 4. **Total from Part E.** (Total allowable disaster expenses.) 5. Subtract 4 from 3. (Countable total.) 6. Disaster limit for their household size. 7. Compare 6 to 5: • If **5 is equal to or less than 6**, the household is **ELIGIBLE**. • If **5 is greater than 6**, the household is **INELIGIBLE**.	1. $_____ 2. $_____ 3. $_____ 4. $_____ 5. $_____ 6. $_____
Household is: **ELIGIBLE** **INELIGIBLE** Household size of _____ Verification of identity: DL Collateral Contact Other _____ If verification was waived, why? _____	**If referred to DIA, reason household referred:**

Interviewer name	Worker number	Date
Processor	Worker number	Date
Vault PAN		

Notes:

DIA suggests household is:

ELIGIBLE

INELIGIBLE

Reason:

Iowa Department of Human Services

Application for Disaster Food Assistance
(Solicitud de Asistencia para Alimentos por Catástrofe)

(Conforme a 7 CFR 280)

Consideraremos a todos los solicitantes sin importar su raza, color, país de origen, sexo, orientación sexual, identidad sexual, religión, edad, incapacidad, ideología política, o condición de veterano.

USO EXCLUSIVO DE DHS
Período de la catástrofe: a
Fecha de recepción:
Número de caso regular:
Número de caso por catástrofe:

INSTRUCCIONES: Complete este formulario de solicitud con la verdad y de acuerdo a su conocimiento. Si necesita ayuda para llenar el formulario o para utilizar Food Assistance, podemos brindarle asistencia para hacer ambas cosas. Debe demostrarnos quién es. Infórmenos si su documento de identidad se perdió durante la catástrofe. Podría tener que probar que su grupo familiar vivía en el área cuando la catástrofe ocurrió. Podría tener que comprobar que la catástrofe le ocasionó gastos. Si se niega a dar la información solicitada por los asistentes, su grupo familiar no podrá obtener Food Assistance.

Su nombre	**Número de teléfono para comunicarnos con Ud.**
Domicilio residencial, ciudad, código postal y condado	**Domicilio temporal, ciudad, código postal y condado (si es diferente)**

PARTE A. INFÓRMENOS SOBRE LAS PERSONAS QUE VIVEN CON USTED

Complete los datos solicitados a continuación sobre usted y las personas que normalmente viven y comen con usted. Incluya a su cónyuge y a sus hijos menores de 22 años si los mismos normalmente viven con usted, aunque no siempre coman juntos. *No necesita ser ciudadano/a ni tener número de Social Security para recibir Disaster Food Assistance (asistencia para alimentos por catástrofe).*

No incluya a aquellas personas con las que está viviendo temporalmente debido a la catástrofe.

Nombre y apellido de aquellas personas que normalmente viven con usted	Fecha de Nacimiento	Número de Social Security
Su nombre:		

¿Alguna de las personas que vivían con usted cuando ocurrió la catástrofe recibía beneficios regulares de Food Assistance durante el mes en que la catástrofe ocurrió? SÍ NO
Si respondió SÍ, indique quién:

_____

PARTE B. INFÓRMENOS SOBRE LA SITUACIÓN DE SU GRUPO FAMILIAR		
1.	¿Su grupo familiar vivía en la zona de la catástrofe cuando ésta ocurrió? Si respondió SÍ, responda la pregunta 2. Si respondió NO, no continúe. Usted no es elegible para Disaster Food Assistance.	Sí No
2.	¿Su grupo familiar deberá comprar alimentos mientras se realizan los trabajos de limpieza en la zona de la catástrofe? Si respondió SÍ, complete el resto de la solicitud. Si respondió NO, no continúe. Usted no es elegible para Disaster Food Assistance.	Sí No
3.	Fecha exacta en que su grupo familiar sufrió una pérdida debido a la catástrofe.	
4.	¿Qué causó su pérdida? Explique. *(Por ejemplo: hielo, inundación, corte de la energía eléctrica, nieve)*	
5.	Si sus alimentos se echaron a perder debido a un corte de la energía eléctrica, ¿cuánto tiempo duró el corte de energía eléctrica en su hogar?	
6.	¿Los ingresos de algún miembro de su grupo familiar fueron reducidos, suspendidos o sufrieron atrasos por al menos dos semanas debido a la catástrofe?	Sí No
7.	¿La catástrofe dañó o destruyó su vivienda o la propiedad donde trabajaba por cuenta propia?	Sí No
8.	¿La catástrofe le ocasionó a su grupo familiar gastos que no serán reembolsados totalmente dentro de los 30 días posteriores a la catástrofe? Responda "SÍ" aunque la catástrofe solamente haya dañado sus alimentos.	Sí No

PARTE C. INFÓRMENOS SOBRE LOS INGRESOS DE SU GRUPO FAMILIAR

Indique el salario de bolsillo y cualquier otro ingreso neto que su grupo familiar haya recibido o recibirá durante el período de 30 días correspondiente a la catástrofe. Ejemplos de ingresos: *paga laboral, Social Security, manutención de menores*.

No incluya a las personas con las que está viviendo temporalmente debido a la catástrofe.

Tipo de ingresos (ej. trabajo, Social Security)	¿Quién recibe este ingreso?	Indique las fechas en que recibió o recibirá este ingreso	Importe
RESERVADO PARA USO EXCLUSIVO DE DHS			**INGRESO TOTAL:**

PARTE D. INFÓRMENOS SOBRE EL DINERO EN EFECTIVO DEL QUE DISPONE SU GRUPO FAMILIAR EN ESTE MOMENTO		
Indique el dinero en efectivo que su grupo familiar tiene, incluyendo el dinero que tengan en el banco a su disposición en este momento. **No incluya a las personas con las que está viviendo temporalmente debido a la catástrofe.**		
¿Dónde está el dinero?	¿De quién es?	Importe
1. ¿Tiene cheques pendientes de pago o retiros automáticos que se descontarán de los importes indicados anteriormente? **SÍ** **NO** Si respondió que sí, indique el importe. →		
2. ¿Alguno de los ingresos que indicó en la Parte C están incluidos en los importes indicados anteriormente? **SÍ** **NO** Si respondió que sí, indique el importe. →		
RESERVADO PARA USO EXCLUSIVO DE DHS	**TOTAL DE LAS PREGUNTAS 1 Y 2:**	**TOTAL DE EFECTIVO:**

PARTE E. INFÓRMENOS SOBRE LOS GASTOS QUE TIENE DEBIDO A LA CATÁSTROFE	
¿La catástrofe le ocasionó a su grupo familiar alguno de los gastos descritos a continuación? No incluya aquellos artículos que serán reintegrados por una compañía de seguros durante el período de la catástrofe. *Ejemplos entre paréntesis.*	Importe total pagado o que pagará su grupo familiar
Alimentos que se echaron a perder o se dañaron *(refrigerador, congelador, alacenas)*	
Costo para proteger la propiedad mientras se despeja la zona de la catástrofe *(madera, lonas, bolsas de arena, bomba de drenaje, alquiler de equipos)*	
Costos de limpieza *(cloro, paños, desinfectante antibacteriano, guantes, trapeador, palas, alquiler de equipo)*	
Gastos de hospedaje fuera del hogar *(hotel, campamento)*	
Reposición de artículos personales *(vestimenta, ropa de cama, artículos para aseo personal, calzado, juguetes)*	
Costos de mudanza y depósito *(flete para mudanza, alquiler de depósito)*	
Reparación o reposición de un vehículo	
Costo de reparaciones o reposición de artículos para el hogar o para la propiedad donde trabaja por cuenta propia *(lavarropas/secarropas, camas, alfombras, caldera, aire acondicionado, muebles, calentador de agua, televisor, pintura)*	
Cuidado de niños debido a la catástrofe	
Guardería para mascotas	
Gastos médicos o funerarios debido a la catástrofe	
Otros gastos relacionados con la catástrofe *(indique el tipo de gasto)*	
RESERVADO PARA USO EXCLUSIVO DE DHS	**TOTAL:**

PARTE F. ADVERTENCIA SOBRE SANCIONES

Este formulario podría ser revisado con posterioridad para asegurarnos de que su grupo familiar calificaba para recibir Disaster Food Assistance. Las normas son:

- **NO** dé información falsa ni oculte información para obtener Food Assistance.
- **NO** use Food Assistance para comprar artículos no alimenticios, tales como alcohol o tabaco.
- **NO** venda, ni canjee, ni regale su tarjeta electrónica Vault.

Aquellas personas que infrinjan las normas mencionadas anteriormente:

- No recibirán beneficios de Food Assistance por un año la primera vez, por dos años la segunda vez, y nunca más la tercera vez;
- Tendrán que pagar una multa de hasta $250,000 o irán a la cárcel por un período de hasta 20 años, o sufrirán ambas sanciones; y
- Podrían estar 18 meses más sin recibir Food Assistance si se interpone una orden judicial. Si se las declara culpables de comprar, vender o canjear más de $500 de beneficios de Food Assistance, no podrán recibir Food Assistance nunca más. Si se las declara culpables de canjear beneficios de Food Assistance por armas de fuego, municiones o explosivos, perderán los beneficios de por vida.

Si un juez le declara culpable de canjear beneficios de Food Assistance por sustancias controladas, perderá los beneficios por dos años la primera vez y para siempre la segunda vez. No recibirá Food Assistance por 10 años si se le declara culpable de obtener o tratar de obtener Food Assistance en más de un grupo familiar por vez. Esta sanción se aplica si presenta información incorrecta sobre quién es y dónde vive. **Si nos da información incorrecta deliberadamente, entablaremos una acción legal penal o civil en su contra. Además, tendrá que reintegrar la asistencia recibida.**

PARTE G. CERTIFICACIÓN Y FIRMA DEL SOLICITANTE

Entiendo las preguntas de este formulario y las sanciones por ocultar o dar información falsa. Mi grupo familiar necesita Food Assistance como consecuencia de la catástrofe. Entiendo que no tengo obligación de presentar los números de Social Security de mi grupo familiar para poder recibir Disaster Food Assistance. Certifico, bajo pena de cometer perjurio, que la información que he dado es correcta y completa de acuerdo a mi conocimiento. Además, autorizo la divulgación de toda la información necesaria para determinar la veracidad de mi certificación. Entiendo que si no estoy de acuerdo con alguna de las acciones tomadas en mi caso, tengo el derecho de solicitar una audiencia justa, verbalmente o por escrito.

Firma del solicitante o del testigo (si el solicitante firma con X)	Fecha

**** RESERVED FOR DHS USE ****

PART H. DOCUMENTATION AND ELIGIBILITY COMPUTATION SECTION

Step 1. Did the household live in the disaster area during the FEMA incident period?	**Yes** – Continue to Step 2. **No** – HH is ineligible.
Step 2. Did the household have an adverse affect caused by the disaster?	**Yes** – Continue to Step 3. **No** – HH is ineligible.
Step 3. Determine the household's available funds: 1. **Total from Part C.** (Net income received or anticipated to be received during the certification period. The certification period isn't a calendar month. It's 30 days. See top right of Page 1 for specific dates.) 2. **Total from Part D.** (Total available liquid assets at the time of interview minus any amounts clients listed in questions 1 and 2.) 3 Add 1 and 2. (Total of allowable income and assets.) 4. **Total from Part E.** (Total allowable disaster expenses.) 5. Subtract 4 from 3. (Countable total.) 6. Disaster limit for their household size. 7. Compare 6 to 5: • If **5 is equal to or less than 6**, the household is **ELIGIBLE**. • If **5 is greater than 6**, the household is **INELIGIBLE**.	1. $_____ 2. $_____ 3. $_____ 4. $_____ 5. $_____ 6. $_____
Household is: **ELIGIBLE** **INELIGIBLE** Household size of _____ Verification of identity: DL Collateral Contact Other _____ If verification was waived, why? _____	**If referred to DIA, reason household referred:**

Interviewer name	Worker number	Date	**DIA suggests household is:** ELIGIBLE
Processor	Worker number	Date	
Vault PAN			INELIGIBLE
Notes:			**Reason:**

WKR. NO.

CO. NO.

NOTICE DATE

CASE NO.

Iowa Department of Human Services

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You may look at the Employees' Manual (EM)* at the Department's county office.

FOOD ASSISTANCE CALCULATION

ELIGIBILITY TEST:

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4. Total Cash Resources + _____
5. Total Disaster Expenses – _____
6. Total Available Funds ..... = _____
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If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

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Your application is approved for $_____ because you meet all eligibility requirements.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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470-4072 Option 1 (Rev. 3/10)

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Your application is denied because you did not live in the disaster area at the time of the disaster.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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WKR. NO.

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NOTICE DATE

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If you wish to appeal the denial of eligibility or the amount of benefit, see the reverse side for appeal rights.

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Your application is denied because your household was not adversely affected by the disaster.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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Your application is denied because your household does not meet the disaster available funds limit.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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Your request for a disaster supplement is approved for $_____ to bring your Food Assistance allotment up to the maximum for your household size.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail stopit@dhs.state.ia.us

(*Food Assistance only*) USDA – Director Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 voice or (202) 720-6382 (TTY).

WKR. NO.

CO. NO.

NOTICE DATE

CASE NO.

Iowa Department of Human Services

Notice of Decision for Disaster Food Assistance

WORKER NAME

If you have questions, phone your worker at:

We will accept collect calls from you if you live outside the local calling area.

If you wish to appeal the denial of eligibility or the amount of benefit, see the reverse side for appeal rights.

Your County Department of Human Services will assist you in filing an appeal if you ask them. You may contact **Iowa Legal Aid** at 1-800-532-1275, or if you live in Polk County 243-1193, if you need help with an appeal.

Your request for a disaster supplement is denied because you did not live in the disaster area at the time of the disaster.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

You may look at the Employees' Manual (EM)* at the Department's county office.

FOOD ASSISTANCE CALCULATION

ELIGIBILITY TEST:

1. Number of Persons _____
2. Disaster Income Limit _____
3. Total Income _____
4. Total Cash Resources + _____
5. Total Disaster Expenses – _____
6. Total Available Funds ..... = _____
   (Eligible if #6 is less than #2.)

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

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Your request for a disaster supplement is denied because your household did not have a loss of income or an expense caused by the disaster.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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FOOD ASSISTANCE CALCULATION

ELIGIBILITY TEST:

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Your request for a disaster supplement is denied because your household already received the maximum Food Assistance allotment for your household size.

7 CFR 280 Emergency Food Assistance for Victims of Disasters

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ASIST. Nº

CO. Nº

FECHA NOTIF

CASO Nº

Iowa Department of Human Services

Notice of Decision for Disaster Food Assistance

(Notificación de Resolución para Asistencia Alimentaria en Situación de Desastre)

NOMBRE ASISTENTE

Si tiene preguntas, llame a su asistente al teléfono: _____ _____. Aceptaremos sus llamadas por cobrar si usted vive fuera del área de llamada local.

Si desea apelar la denegación de elegibilidad o el monto del beneficio, vea los derechos de apelación en el reverso.

El Department of Human Services de su Condado lo ayudará a presentar la apelación si lo solicita. Puede comunicarse con **Iowa Legal Aid** al teléfono 1-800-532-1275, o si vive en Polk County llame al 243-1193, si necesita ayuda con la apelación.

Puede examinar el Manual de los Empleados (EM)* en la oficina DHS del condado.

CÁLCULO de FOOD ASSISTANCE

TEST DE ELEGIBILIDAD:

1.	Cantidad de Personas				_____
2.	Límite de Ingresos para Desastres				_____
3.	Total de Ingresos		_____		
4.	Total de Recursos en Efectivo	+	_____		
5.	Total de Gastos por Desastre	–	_____		
6.	Total de Fondos Disponibles ..... (Elegible si #6 es menos que #2.)			=	_____

Usted Tiene Derecho a Apelar

¿Qué es una apelación?

Una **apelación** es solicitar una audiencia porque a usted no le gusta la decisión tomada por el Department of Human Services (DHS). Usted tiene derecho a presentar una apelación si no está de acuerdo con una decisión. No necesita pagar para presentar una apelación. [441 Iowa Administrative Code - Capítulo 7].

¿Cómo hago para apelar?

Presentar una apelación es sencillo. Debe apelar por escrito para todos los programas, excepto para Food Assistance. Puede apelar en persona, por teléfono o por escrito para Food Assistance. Para apelar por escrito, haga **una** de las siguientes acciones:

- Complete la apelación electrónicamente en https://dhssecure.dhs.state.ia.us/forms/, **o**
- Escriba una carta diciéndonos por qué piensa que la decisión es incorrecta, **o**
- Complete un formulario de Appeal and Request for Hearing (Apelación y Solicitud de Audiencia). Puede conseguir este formulario en la oficina DHS del condado.

Envíe o lleve su apelación a Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Si necesita ayuda para presentar la apelación, pregunte en la oficina DHS de su condado.

¿Cuánto tiempo tengo para apelar?

Para Food Assistance, tiene 90 días calendario para presentar la apelación a partir de la fecha de la decisión. Para todos los otros programas, debe presentar la apelación:

- Dentro de un período de 30 días calendario a partir de la fecha de la decisión o
- Antes que la fecha de la decisión entre en vigencia

Si presenta la apelación pasados los 30 días pero antes de los 90 días calendario a partir de la fecha de la decisión, debe decirnos por qué su apelación llegó tarde. Si tiene una buena razón para presentar la apelación tarde, nosotros decidiremos si puede obtener una audiencia.

Si presenta la apelación 90 días después de la fecha de la decisión, no podremos otorgarle una audiencia.

¿Puedo continuar recibiendo beneficios cuando mi apelación está pendiente?

Usted puede conservar sus beneficios hasta que la apelación sea definitiva o hasta el final de su período de certificación si presenta una apelación:

- Dentro de los 10 días calendario posteriores a la fecha de la decisión o
- Antes que la fecha de la decisión entre en vigencia

Podría tener que devolver todos los beneficios que reciba mientras se decide su apelación si la acción del Departamento es correcta.

¿Cómo me voy a enterar si conseguí la audiencia?

Usted recibirá una notificación de audiencia con la fecha y la hora programada para la audiencia telefónica. Si no consigue una audiencia, recibirá una carta comunicándoselo. En esta carta le explicarán por qué no consiguió la audiencia. También le explicarán qué puede hacer si no está de acuerdo con esta decisión.

¿Puede otra persona ayudarme durante la audiencia?

Usted u otra persona, como un amigo o un familiar, pueden expresar por qué usted no está de acuerdo con la decisión del Departamento. También puede contratar a un abogado para que lo ayude, pero el Departamento no pagará los honorarios del abogado. La oficina DHS de su condado puede darle información sobre servicios legales. El costo de servicios legales estará basado en sus ingresos. También puede comunicarse con Iowa Legal Aid al teléfono 1-800-532-1275. Si usted vive en Polk County, llame al teléfono 243-1193.

Política Relativa a la Discriminación, el Acoso, la Acción Afirmativa, y la Oportunidad Igualitaria de Empleo

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Si cree que DHS le ha discriminado o acosado, le agradeceremos que envíe una carta explicando detalladamente su queja a:

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ASIST. Nº

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FECHA NOTIF

CASO Nº

Iowa Department of Human Services

Notice of Decision for Disaster Food Assistance

(Notificación de Resolución para Asistencia Alimentaria en Situación de Desastre)

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Su solicitud ha sido aprobada por $_____ porque usted cumple con todos los requisitos de elegibilidad.

7 CFR 280 Emergency Food Assistance for Victims of Disasters (Asistencia Alimentaria de Emergencia para Victimas de Desastres Naturales)

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Su solicitud ha sido rechazada porque no vivía en la zona del desastre al momento del desastre.

7 CFR 280 Emergency Food Assistance for Victims of Disasters (Asistencia Alimentaria de Emergencia para Victimas de Desastres Naturales)

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CÁLCULO de FOOD ASSISTANCE

TEST DE ELEGIBILIDAD:

1.	Cantidad de Personas				_____
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3.	Total de Ingresos		_____		
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¿Puedo continuar recibiendo beneficios cuando mi apelación está pendiente?

Usted puede conservar sus beneficios hasta que la apelación sea definitiva o hasta el final de su período de certificación si presenta una apelación:

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Podría tener que devolver todos los beneficios que reciba mientras se decide su apelación si la acción del Departamento es correcta.

¿Cómo me voy a enterar si conseguí la audiencia?

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¿Puede otra persona ayudarme durante la audiencia?

Usted u otra persona, como un amigo o un familiar, pueden expresar por qué usted no está de acuerdo con la decisión del Departamento. También puede contratar a un abogado para que lo ayude, pero el Departamento no pagará los honorarios del abogado. La oficina DHS de su condado puede darle información sobre servicios legales. El costo de servicios legales estará basado en sus ingresos. También puede comunicarse con Iowa Legal Aid al teléfono 1-800-532-1275. Si usted vive en Polk County, llame al teléfono 243-1193.

Política Relativa a la Discriminación, el Acoso, la Acción Afirmativa, y la Oportunidad Igualitaria de Empleo

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ASIST. Nº

CO. Nº

FECHA NOTIF

CASO Nº

Iowa Department of Human Services

Notice of Decision for Disaster Food Assistance

(Notificación de Resolución para Asistencia Alimentaria en Situación de Desastre)

NOMBRE ASISTENTE

Si tiene preguntas, llame a su asistente al teléfono: _____ _____. Aceptaremos sus llamadas por cobrar si usted vive fuera del área de llamada local.

Si desea apelar la denegación de elegibilidad o el monto del beneficio, vea los derechos de apelación en el reverso.

El Department of Human Services de su Condado lo ayudará a presentar la apelación si lo solicita. Puede comunicarse con **Iowa Legal Aid** al teléfono 1-800-532-1275, o si vive en Polk County llame al 243-1193, si necesita ayuda con la apelación.

Su solicitud ha sido denegada porque su familia no fue afectada adversamente por el desastre.

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Iowa Department of Human Services

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Su solicitud es denegada porque su grupo familiar no reúne el límite de fondos necesario en caso de desastre.

7 CFR 280 Emergency Food Assistance for Victims of Disasters (Asistencia Alimentaria de Emergencia para Victimas de Desastres Naturales)

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Se ha aprobado su solicitud de beneficios suplementarios por catástrofe por la suma de $_____ con el fin de que su asignación para Food Assistance (Asistencia para alimentos) alcance el máximo posible de acuerdo al tamaño de su grupo familiar.

7 CFR 280 Emergency Food Assistance for Victims of Disasters (Asistencia Alimentaria de Emergencia para Victimas de Desastres Naturales)

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Su solicitud de beneficios suplementarios por catástrofe ha sido denegada porque usted no vivía en la zona de la catástrofe cuando la misma ocurrió.

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Si presenta la apelación 90 días después de la fecha de la decisión, no podremos otorgarle una audiencia.

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Usted puede conservar sus beneficios hasta que la apelación sea definitiva o hasta el final de su período de certificación si presenta una apelación:

- Dentro de los 10 días calendario posteriores a la fecha de la decisión o
- Antes que la fecha de la decisión entre en vigencia

Podría tener que devolver todos los beneficios que reciba mientras se decide su apelación si la acción del Departamento es correcta.

¿Cómo me voy a enterar si conseguí la audiencia?

Usted recibirá una notificación de audiencia con la fecha y la hora programada para la audiencia telefónica. Si no consigue una audiencia, recibirá una carta comunicándoselo. En esta carta le explicarán por qué no consiguió la audiencia. También le explicarán qué puede hacer si no está de acuerdo con esta decisión.

¿Puede otra persona ayudarme durante la audiencia?

Usted u otra persona, como un amigo o un familiar, pueden expresar por qué usted no está de acuerdo con la decisión del Departamento. También puede contratar a un abogado para que lo ayude, pero el Departamento no pagará los honorarios del abogado. La oficina DHS de su condado puede darle información sobre servicios legales. El costo de servicios legales estará basado en sus ingresos. También puede comunicarse con Iowa Legal Aid al teléfono 1-800-532-1275. Si usted vive en Polk County, llame al teléfono 243-1193.

Política Relativa a la Discriminación, el Acoso, la Acción Afirmativa, y la Oportunidad Igualitaria de Empleo

Es política del Iowa Department of Human Services ofrecer trato igualitario en cuanto a empleo y ofrecimiento de servicios a los solicitantes, empleados y clientes, sin importar su raza, color, nacionalidad, sexo, orientación de sexual, identidad de género, religión, edad, incapacidad, creencia política o estatus de veterano.

Si cree que DHS le ha discriminado o acosado, le agradeceremos que envíe una carta explicando detalladamente su queja a:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor, 1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, o a través de correo electrónico a stopit@dhs.state.ia.us

(Food Assistance only) USDA – Director Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410, o llamada 1-800-795-3272 voz o (202) 720-6382 (TTY).

ASIST. Nº

CO. Nº

FECHA NOTIF

CASO Nº

Iowa Department of Human Services

Notice of Decision for Disaster Food Assistance

(Notificación de Resolución para Asistencia Alimentaria en Situación de Desastre)

NOMBRE ASISTENTE

Si tiene preguntas, llame a su asistente al teléfono:_____ _____. Aceptaremos sus llamadas por cobrar si usted vive fuera del área de llamada local.

Si desea apelar la denegación de elegibilidad o el monto del beneficio, vea los derechos de apelación en el reverso.

El Department of Human Services de su Condado lo ayudará a presentar la apelación si lo solicita. Puede comunicarse con **Iowa Legal Aid** al teléfono 1-800-532-1275, o si vive en Polk County llame al 243-1193, si necesita ayuda con la apelación.

Su solicitud de beneficios suplementarios por catástrofe ha sido denegada porque su grupo familiar no sufrió pérdida de ingresos o gastos a causa de la catástrofe.

7 CFR 280 Emergency Food Assistance for Victims of Disasters (Asistencia Alimentaria de Emergencia para Victimas de Desastres Naturales)

Puede examinar el Manual de los Empleados (EM)* en la oficina DHS del condado.

CÁLCULO de FOOD ASSISTANCE

TEST DE ELEGIBILIDAD:

1.	Cantidad de Personas				_____
2.	Límite de Ingresos para Desastres				_____
3.	Total de Ingresos		_____		
4.	Total de Recursos en Efectivo	+	_____		
5.	Total de Gastos por Desastre	–	_____		
6.	Total de Fondos Disponibles ..... (Elegible si #6 es menos que #2.)			=	_____

Usted Tiene Derecho a Apelar

¿Qué es una apelación?

Una **apelación** es solicitar una audiencia porque a usted no le gusta la decisión tomada por el Department of Human Services (DHS). Usted tiene derecho a presentar una apelación si no está de acuerdo con una decisión. No necesita pagar para presentar una apelación. [441 Iowa Administrative Code - Capítulo 7].

¿Cómo hago para apelar?

Presentar una apelación es sencillo. Debe apelar por escrito para todos los programas, excepto para Food Assistance. Puede apelar en persona, por teléfono o por escrito para Food Assistance. Para apelar por escrito, haga **una** de las siguientes acciones:

- Complete la apelación electrónicamente en https://dhssecure.dhs.state.ia.us/forms/, **o**
- Escriba una carta diciéndonos por qué piensa que la decisión es incorrecta, **o**
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Envíe o lleve su apelación a Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Si necesita ayuda para presentar la apelación, pregunte en la oficina DHS de su condado.

¿Cuánto tiempo tengo para apelar?

Para Food Assistance, tiene 90 días calendario para presentar la apelación a partir de la fecha de la decisión. Para todos los otros programas, debe presentar la apelación:

- Dentro de un período de 30 días calendario a partir de la fecha de la decisión o
- Antes que la fecha de la decisión entre en vigencia

Si presenta la apelación pasados los 30 días pero antes de los 90 días calendario a partir de la fecha de la decisión, debe decirnos por qué su apelación llegó tarde. Si tiene una buena razón para presentar la apelación tarde, nosotros decidiremos si puede obtener una audiencia.

Si presenta la apelación 90 días después de la fecha de la decisión, no podremos otorgarle una audiencia.

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Iowa Department of Human Services

Notice of Decision for Disaster Food Assistance

(Notificación de Resolución para Asistencia Alimentaria en Situación de Desastre)

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Su solicitud de beneficios suplementarios por catástrofe ha sido denegada porque su grupo familiar ya recibió la máxima asignación posible de Food Assistance (Asistencia para alimentos) de acuerdo al tamaño de su grupo familiar.

7 CFR 280 Emergency Food Assistance for Victims of Disasters (Asistencia Alimentaria de Emergencia para Victimas de Desastres Naturales)

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Iowa Department of Human Services

Using Your Iowa Electronic Benefits Transfer (EBT) Disaster Card

PIN (Personal Identification Number)

The last 4 numbers on the front of your EBT card are your PIN (Personal Identification Number). Please change your PIN by calling 1-800-359-5802. The call is free 24 hours a day, 7 days a week. Keep your PIN a secret! Food Assistance cannot be replaced.

How to Use Food Assistance

You can use Food Assistance only to buy food, ice, nonalcoholic drinks and their bottle deposits, water, snacks, and candy. Most grocery stores, convenience stores, bakery outlets, meat markets, and stores that sell food items already prepared for you to heat or bake yourself accept Food Assistance. Look for signs like "We Accept Food Stamps," "We Accept Food Assistance," or "We Accept EBT." If you don't see a sign, ask if the store accepts EBT.

After the cashier totals your food items, you swipe your card through the store's point-of-sale (POS) device. Then, you enter your PIN on the POS keypad. The amount of your purchase is immediately deducted from your Food Assistance account. Take your receipt. Most receipts will show how much Food Assistance you have left in your account. You may also call 800-359-5802 anytime to check your available balance of benefits.

Your EBT card **will not** work at ATM machines.

Card Care

Your card will not work at the POS if it gets damaged:

- Don't damage or bend your card.
- Don't scratch the black stripe on the back of your card.
- Don't get your card wet or leave it near TVs, VCRs, or magnets.

Keep your EBT card in case you are eligible for more Disaster Food Assistance or regular Food Assistance.

Call 1-800-359-5802 right away if your card is lost or stolen. The call is free 24 hours a day, 7 days a week. A replacement card can be mailed to you.

Your Right to Equal Treatment This is an equal opportunity program. If you believe that you have been the victim of discrimination in your efforts to receive benefits because of your race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief, or veteran status, write immediately to:

Director, USDA Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410

Iowa Department of Human Services

Using Your Iowa Electronic Benefits Transfer (EBT) Disaster Card

(Cómo usar su Tarjeta de Transferencia Electrónica de Beneficios para Desastres de Iowa)

PIN (Número de Identificación Personal)

Los 4 últimos números al frente de su tarjeta EBT es su PIN (Número de Identificación Personal). Por favor cambie su PIN llamando al 1-800-359-5802. La llamada es gratuita 24 horas al día, 7 días a la semana. ¡Mantenga su PIN en secreto! La Asistencia Alimenticia (Food Assistance) no puede ser reemplazada.

Cómo usar Food Assistance

Usted sólo puede usar Food Assistance para comprar alimentos, hielo, bebidas no alcohólicas y sus depósitos de botellas, agua, pasabocas y caramelos. La mayoría de las tiendas de alimentos, panaderías, mercados de carnes y tiendas que vendan alimentos listos para calentar u hornear usted mismo aceptan Food Assistance. Busque avisos como "We Accept Food Stamps", "We Accept Food Assistance", or "We Accept EBT" ("Aceptamos Cupones de Alimentos", "Aceptamos Food Assistance" o "Aceptamos EBT"). Si no ve ningún aviso, pregunte si la tienda acepta EBT.

Una vez que la cajera totalice sus alimentos deslice su tarjeta por point-of-sale - POS (el dispositivo de punto-de-venta) de la tienda. Luego, marque su PIN en el teclado del POS. El monto de su compra es deducido inmediatamente de su cuenta de Food Assistance. Tome su recibo. La mayoría de recibos mostrarán cuánta Food Assistance tiene aún en su cuenta. También puede llamar al 800-359-5802 a cualquier hora para revisar el saldo de sus beneficios.

Su tarjeta EBT **no** funcionará en todos los cajeros automáticos.

Cuidado de la Tarjeta

Su tarjeta no funcionará en el POS si está dañada:

- No dañe o doble su tarjeta.
- No raspe la banda negra al reverso de su tarjeta.
- No moje su tarjeta ni la deje cerca de TVs, VCRs o imanes.

Mantenga su tarjeta EBT en caso que usted sea elegible para más Disaster Food Assistance (Asistencia Alimenticia de Desastre) o Food Assistance regular.

Llame inmediatamente al 1-800-359-5802 si pierde o si le roban su tarjeta. La llamada es gratuita 24 horas al día, 7 días a la semana. Se le enviará por correo una tarjeta de reemplazo.

Su derecho a un trato igualitario Este es un programa que ofrece igualdad de oportunidades. Si usted considera que ha sido víctima de discriminación en sus esfuerzos por recibir beneficios a causa de su raza, color, nacionalidad, sexo, orientación de sexual, identidad de género, religión, edad, incapacidad, creencia política o estatus de veterano, escriba inmediatamente a:

Director, USDA Office for Civil Rights, 1400 Independence Ave SW, Washington DC 20250-9410

Comm. 256(S) (Rev. 3/10)