

PART XX DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

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A. Introduction

If there is an emergency or major disaster, such as a hurricane, tornado, storm, flood, snowstorm, drought, fire, explosion or other disaster, the regular program may not be able to handle the increased number of households needing food assistance. Under certain conditions, localities and states can petition the Food and Nutrition Service (FNS) to authorize implementation of the Disaster Supplemental Nutrition Assistance Program (D-SNAP).

This chapter outlines how the Commonwealth of Virginia will administer an effective and efficient D-SNAP. Depending on the circumstances, Virginia will request program waivers, as appropriate. Additionally, the Virginia Department of Social Services will advise local departments (LDSS) of changes to required information needed for eligibility determinations.

The D-SNAP Web-Based Eligibility Application User's Guide outlines procedures for accessing the online D-SNAP system. The User's Guide is available at <https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Disaster-SNAP>.

B. Local Planning

Each LDSS must develop and maintain a local disaster plan. Local plans must be submitted annually by April 15<sup>th</sup> to the state office D-SNAP coordinator electronically for storage on a state shared drive. See Part D, Assessment and Evaluation of a Disaster for elements that should be included in the plan. A disaster planning guide is available online at <https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Disaster-SNAP>.

When a disaster occurs, VDSS will communicate with local personnel identified as the Local Contact for the affected locality. This contact will be to discuss the feasibility and desirability of operating a D-SNAP. A list of local contacts is available online at <https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Disaster-SNAP>.

If a large number of localities are affected by the disaster, VDSS will hold a conference call with the Local Contacts to review the criteria for operating the D-SNAP. If one or more LDSS opts to submit an application, VDSS will convene regional, face-to-face, or teleconference meetings to discuss aligning program days/hours of operation and program options within the region. If appropriate, all localities must operate the D-SNAP during the same days and use the same program options.

Each locality offers different resources and may face different challenges in terms of staffing of the local social services department, physical space and community demand. If a disaster occurs, the need for assistance can vary greatly from one area to another.

Each LDSS must develop a local disaster plan that addresses issues and prepares the community to meet the needs of the citizens. The local plan must identify and include appropriate community partners.

The plan should also include other city/county government agencies that will share responsibilities during the disaster. The LDSS, with the help of its partners, will carry out those plans in the event of a disaster that warrants implementation of the D-SNAP.

C. PRE-CONDITIONS FOR AUTHORIZATION OF THE DISASTER PROGRAM

1. The following pre-conditions must be met before the D-SNAP can be authorized:
  - a. The President must proclaim a disaster for **individual assistance** in Virginia. After this decision, states and localities can request the D-SNAP.
  - b. Commercial channels of food distribution (wholesale and retail food outlets) must have been both DISRUPTED and subsequently RESTORED such that they are now currently available.
  - c. The regular program must be unable to handle the increased number of households needing food assistance expeditiously.
2. Commercial channels of food distribution must be DISRUPTED under any of the following conditions, provided the condition was directly caused by the disaster:
  - a. Retail food outlets are closed.
  - b. Normal operating hours of food outlets are reduced to the extent that a household's opportunity to purchase food supplies is significantly reduced.
  - c. Power failure significantly restricts the operation of food outlets.
  - d. Household access to retail food outlets is limited because of disruption to transportation (such as damage to roads or bridges or disruption in otherwise availability of public transportation).
  - e. Unusually heavy demand for food exists such that a household's opportunity to purchase food supplies is significantly reduced.
  - f. Delivery of food supplies to food outlets is significantly hampered to the extent that a household's opportunity to purchase food supplies is significantly reduced.
3. Commercial channels of food distribution will be considered RESTORED when conditions or operations have been improved to the extent that households have reasonable access to food outlets with sufficient food supplies.

D. ALTERNATIVES TO THE DISASTER PROGRAM

Implementation of the D-SNAP is not appropriate for every disaster. The choice of whether to utilize the regular program or to request FNS authorization of the D-SNAP depends on the nature of the disaster.

1. The following factors suggest continued utilization of the regular program or a modified program:

- a. The affected population is fairly small.
  - b. The affected population is mostly the same population that is already eligible for or would be eligible for food assistance under the regular program.
  - c. The disaster appears to be fairly short term.
  - d. The increase in the demand for food assistance is expected to be manageable.
  - e. The regular program would be able to adequately respond to the needs of the affected population.
2. The following factors suggest implementation of the Disaster Program:
- a. The affected population is large.
  - b. The affected population includes a large population that would not be eligible for food assistance under the regular program.
  - c. The disaster is severe and widespread.
  - d. The increase in the demand for food assistance is expected to be dramatic.
  - e. The damage is so severe and widespread that application procedures under the regular program would be too cumbersome.
  - f. The disaster is such that many households would not have the verifications required by the regular program.
  - g. The affected population needs benefits more quickly than would be provided under the regular program.
  - h. The regular program would not be able to adequately respond to the immediate needs of the affected population.

#### E. ASSESSMENT AND EVALUATION OF A DISASTER

Once a disaster has occurred, the local department of social services director in each locality affected must contact the Director of Benefit Programs or specified designee in the Home Office of the Virginia Department of Social Services to provide information regarding the extent of the damage caused by the disaster. This contact is to discuss and determine information specific to the disaster that may need to be gathered and submitted with the request to run a disaster program, e.g., data from the electric company about the extent of power outages. The local agency and Home Office will also discuss whether the D-SNAP or a modified disaster program is the appropriate response.

The local social services agency must request approval to run the D-SNAP. The request must be in writing and submitted to the Director of Benefit Programs or specified designee. The plan must be designed to provide benefits to applicants within three calendar days. (The first day is the day after the application is filed.) A sample cover letter and template for the request are in Appendix III of this chapter. The request to operate the disaster program must include the following information:

1. Names, positions and phone numbers of key contact people responsible for the operation of the D-SNAP. Include also the date of request.
2. Needs assessment to include:
  - Status of food distribution, i.e., a statement whether commercial channels of food distribution have been both disrupted and restored.
  - A statement of why the food assistance needs of these households cannot be met by the regular program.
  - An estimate of the number of households expected to apply, and whether the D-SNAP is needed to meet the needs. There must be separate calculations for applicants and ongoing recipients.

An estimate of how long it will take to accept and process D-SNAP applications from the affected population. The disaster application processing period cannot exceed seven days. Include the date application processing is anticipated to begin and the date it will end.
  - Indicate the disaster period requested, i.e., whether a full or half-month's worth of benefits. This recommendation will be based on the nature, severity, and anticipated duration of the disaster. (FNS will make the final determination)
3. Public information plans for informing the public about the availability of the D-SNAP. The LDSS must identify newspapers, radio stations, television stations, and key media and government websites that cover its service area.
4. List of volunteers and their contact information to assist the LDSS in the operation of the D-SNAP. Information about any disaster relief agencies that the local agency wants to use in administering the D-SNAP. Examples include the Red Cross or Salvation Army. Specify the functions that will be delegated to the disaster relief agency in connection with the certification and issuance of benefits and the geographical areas in which these functions will be performed. NOTE: Volunteers, including relief agencies, may not conduct eligibility interviews or determine eligibility.

The Virginia disaster state plan does not assign a role to private disaster relief agencies within the Commonwealth. However, access to volunteers from those agencies is available, if needed. During a declared State of Emergency, VDSS is the lead agency for Emergency Support Function (ESF)-6 with responsibility for mass care, housing and human services. In this role, the Virginia Voluntary Organizations Active in Disasters

(VVOAD) is a support organization to ESF-6. VVOAD is an organization of over 20 non-profit groups including faith-based organizations. Several of these organizations support feeding operations within impacted areas during emergencies.

5. Indicate the number of eligibility workers available to process applications. Include how you will be able to contact your own employees (home phone numbers, cell phone, etc.) Also a plan for how you may have to house them in case of extreme emergency.

Each LDSS is responsible for obtaining sufficient personnel to administer the D-SNAP. Such staff includes clerks, eligibility workers (including sufficient bilingual staff), issuance personnel, and crowd control personnel. To ensure that sufficient staff is in place in the event of a disaster, each LDSS must have a plan in place to expand the number of available workers to perform functions related to the D-SNAP. These additional workers may include workers from other programs within the LDSS, other city/county staff, staff from other LDSS, and volunteers. VDSS will perform a broker function and match volunteers from one LDSS to work temporarily for another LDSS when necessary.

6. List of workers and their contact information willing to assist other LDSS in the event a D-SNAP is operating in another county or city.
7. Procedures for working with power companies – what type of data they will provide. Also give any additional information that may be helpful such as conditions in the locality (e.g., duration of power outages, shut down of major employers.)
8. Identification of local demographic data that is available such as population counts of low income individuals and the elderly population in various parts of the locality. If only part of the locality was affected, use street names and zip codes to define geographical areas within the locality in need of assistance. Provide maps if available.
9. The LDSS must identify one or more alternate certification sites to operate a D-SNAP. This option may be necessary if the LDSS is unavailable or inaccessible because of the disaster or because it cannot accommodate an anticipated volume of applicants. In determining the location of the alternate site, the LDSS must consider the accessibility of the location to parking, the location's accommodations for disabled individuals, power and telecommunications arrangements, and the capacity to establish Internet access for multiple computers.

A contingency plan for supplying additional hardware for operations should be identified, if necessary.

10. The LDSS is responsible for ensuring that all personnel implementing a D-SNAP is adequately trained. VDSS staff will provide initial face-to-face training or videoconference training sessions for affected localities. VDSS will provide an electronic version of all training materials for ongoing reference.

Once a county/city has been approved to operate a D-SNAP, the LDSS must determine the training needs for all staff involved. At a minimum, each LDSS should have two representatives attend the VDSS-provided training. Additionally, there will be daily

conference calls where any LDSS staff member may call-in and ask questions of VDSS staff regarding the operation of the D-SNAP.

11. Describe procedures for accepting and processing applications, including crowd management procedures at application and issuance sites and fraud prevention measures. Describe also any pre-screening activities. If any volunteers will be there, explain where they are from and what their duties will be.

Volunteers may perform screening activities that do not involve duplicate participation checks. They cannot perform any interview or certification activities.

12. Plan for crowd control including procedures to reduce applicant hardship (i.e. water, bathrooms, etc.) Include information about how to provide accessibility for the elderly or disabled.

#### Crowd Control

It is anticipated that the number of applicants for the D-SNAP will be significantly larger than the normal flow of SNAP applicants and recipients. The LDSS must have a plan to address an increased number of people.

In order to even out the flow of applicants on a daily basis, the local agency may ask potential applicants to apply alphabetically or according to birth date or Social Security number. Arrangements should be made to acquire crowd control equipment such as rope barriers, directional signs and some form of public address system.

The plan must provide for the deployment of additional staff and volunteers to carry out various functions. These functions may include maintaining orderly lines, assigning numbers to applicants in order for them to be served, informing applicants of the approximate waiting time, or cutting off lines at the closing hour of business identified in the local plan for operating the D-SNAP.

#### Human Comforts

The LDSS must attempt to provide basic human comforts to those individuals seeking assistance at D-SNAP certification sites. These comforts include bathroom facilities, access to emergency medical care (which may require having a nurse or other medical personnel on site), and the provision of water and small snacks, which may be available from the local Red Cross or other emergency providers.

Some applicants, such as the elderly, those with disabilities, and those whose primary language is not English, may have special needs that must be addressed. This would include ensuring that certification sites and bathroom facilities are handicapped-accessible and that there is adequate, appropriate staff to assist applicants who are blind or deaf or have other impairments. In some instances, the LDSS may need to arrange transportation, conduct home visits, and secure translation services.



13. Plan for handling employee applications.
14. Describe procedures for issuing benefits. This would include the plan for the physical security and tracking of EBT cards, the data entry process, card delivery or card replacement. Include any recipient training or customer service training to be implemented.

D-SNAP households will be issued EBT cards over-the-counter. Designated local agency issuance personnel may access the card issuance screen in the EBT system using Manual Account Setup prior the demographic and benefit files being transmitted to issue vault cards to eligible households. Cardholders must sign for receipt of the card. Cardholders must select a Personal Identification Number (PIN) by calling the EBT vendor's Automated Response Unit. The LDSS is encouraged to provide a telephone for cardholder use in acquiring the PIN.

Disaster benefits must be provided within 3 days of the application date. (Day 1 is day after the application is filed.) Disaster benefits will be available for household use for **274** days. The EBT system will expunge unused benefits on the **275<sup>th</sup>** day the benefits were issued for the D-SNAP.

15. Fraud prevention procedures. This would be a description of application/issuance site controls and possible use of onsite fraud investigators. Include in this any specific plans to handle employee applications.

While the primary focus of the D-SNAP is to distribute benefits to eligible disaster victims as quickly as possible, precautions must be taken to guard against fraudulent receipt of benefits. Workers must verbally advise applicants of D-SNAP rules and of the penalties for fraudulent receipt or use of benefits. A checklist given to eligibility workers should include circumstances that would trigger a referral to an investigator.

The automated system will cross check data entered to ensure that new applicants and household members for the D-SNAP are not already receiving either regular SNAP benefits or D-SNAP benefits. The automated system will also check to ensure that the case has not already been found to be ineligible for benefits in any jurisdiction. The system will perform an edit check on any Virginia Department of Social Services employee applying for the D-SNAP. The system will identify the receipt of support through the Division of Child Support Enforcement.

If the automated system is unavailable, the LDSS must maintain lists of applicants/recipients, which must be checked for duplicates at the close of each business day. Other fraud prevention measures will include investigation of questionable information. In no event however, must any investigative activity delay the issuance of D-SNAP benefits beyond three days.

16. There needs to be confirmation that the LDSS can access the following documents from this chapter in electronic format:
  - D-SNAP client application (Appendix 1)

- Cover letter to VDSS requesting to operate a D-SNAP and the application to run the program template (Appendix III)
- Press release and fact sheet which is also a flyer that can be posted (Appendix VI)

F. APPLICATION TO FNS FOR AUTHORIZATION OF THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Upon completion of the application to operate the D-SNAP, local officials must submit the application to Director of the Benefits Division or designee at the Virginia Department of Social Services. Virginia Department of Social Services staff will submit the application to FNS on the locality's behalf first by email or fax and then a hard copy will be sent in the mail to them.

G. FNS AUTHORIZATION TO IMPLEMENT THE DISASTER PROGRAM

1. APPROVAL OR DENIAL. FNS approval or denial will be made to Home Office. The letter of approval will generally contain procedures the locality will follow that are specific to the disaster. The approval or denial may be as immediate as the next day.

If the application is denied, Home Office may request a review of the denial should additional information subsequently become available to substantiate the request for authorization.

2. GEOGRAPHICAL AREA. FNS will specify the locality or parts of localities where the D-SNAP is authorized.
3. DISASTER APPLICATION PERIOD. FNS will authorize a period of up to seven days for receiving, processing, and approving applications. Depending on the volume, processing applications may continue to occur after the expiration of the application period.  
  
No D-SNAP application may be taken after the expiration of the disaster application period.
4. DISASTER BENEFIT PERIOD. For the D-SNAP, FNS will specify either a half-month or a full month disaster benefit period, depending on the nature, severity, and anticipated duration of the disaster.
5. USE OF DISASTER RELIEF AGENCY. FNS will authorize the use of any disaster relief agency in administering the Disaster Program as well as specifically authorize which functions the agency may perform in connection with the certification and distribution of D-SNAP benefits.

H. APPLICATION TO FNS FOR EXTENSION OF THE DISASTER PROGRAM

An extension of the GEOGRAPHIC AREA covered by the D-SNAP may be requested if the effects of the disaster are more widespread than originally determined.

An extension of the DISASTER APPLICATION PERIOD may be requested if a significant number of D-SNAP applications cannot be taken during the original application processing period.

## I. INFORMING THE PUBLIC

During a disaster, state and local levels will disseminate information about the D-SNAP. The VDSS will issue press releases and have information available on its public website about the operation of the D-SNAP in different counties and cities. When a disaster occurs where the LDSS has been approved to operate a D-SNAP, VDSS will contact media and government outlets identified by the LDSS. The press release may include information about:

- Supplemental Nutrition Assistance Program background
- Eligibility requirements
- Locations and the hours of operation
- The distribution of food and commodities through the Red Cross and other organizations

Additionally, the LDSS should arrange for food retailers, advocacy organizations and community and faith based organizations to display posters and distribute flyers. Posters should be displayed in local businesses and areas where disaster victims may congregate or seek other assistance.

The LDSS must also issue press releases and post information on its website to update the public on the status of the D-SNAP.

Local agencies serving affected areas must ensure the public is advised:

- about the availability of disaster benefits;
- how to apply for benefits;
- where and when to apply for disaster benefits;
- eligibility and verification requirements;
- the proper use of D-SNAP benefits and EBT cards;
- retailer availability;
- penalties for fraud; and
- a post-disaster review of D-SNAP applications.

Special efforts must be made to contact those segments of the community that may not be reached by mainstream media, such as persons living in rural areas, the elderly and disabled, the deaf and hearing impaired, and the non-English speaking. Suggested wording for a flyer and news release are in Appendix VI of this chapter. A poster that must be at all application sites is also in Appendix VI.

J. MAJOR DIFFERENCES BETWEEN THE REGULAR PROGRAM AND THE DISASTER PROGRAM

There are major differences between the regular program and the D-SNAP.

1. ELIGIBILITY CRITERIA. Eligibility criteria are less strict in order to provide food assistance to households that might not otherwise qualify for the regular program.
2. VERIFICATION. Depending on the nature of the disaster, verification rules are relaxed in order to streamline the application and eligibility determination process. For example, if homes are destroyed in a tornado, verification might not be available.

At a minimum, the identity of the applicant must be verified. Residence verification is also requested but not required; i.e., the application can be processed without verification of residence.

Households may be required to verify income and resources depending on the nature of the disaster. There is a standard deduction for disaster related expenses and verification will not be required.

If a household must provide additional verification after the interview, the worker must advise the household that the information must be provided by the end of the period the agency is authorized to take disaster applications.

3. AMOUNT OF BENEFITS. An eligible household will be provided the maximum allotment for the household size. The allotment will not vary depending on income, as it does in the regular program.
4. DELIVERY OF BENEFITS. In the D-SNAP, benefits are provided within three calendar days of the date of application (1<sup>st</sup> day is the day after the application date), or, if verification is still needed, within three calendar days of the household providing verification but no later than the last authorized date of the disaster period.
5. NON-FINANCIAL FACTORS. Some non-financial factors are not asked about or evaluated in the D-SNAP. These factors include:
  - Citizenship and alien status
  - Student eligibility (Students living in institutions are not eligible.)
  - Striker
  - Work registration
  - Disqualification under the regular program
  - Work Requirement and time-limited benefits

K. HOUSEHOLD APPLICATION PROCEDURES FOR THE DISASTER PROGRAM

To apply for D-SNAP benefits, a household member or its authorized representative must complete and submit an *Application for Disaster Supplemental Nutrition Assistance Program Benefits*. See Appendix I of this chapter for a copy of the application. The household or its authorized representative must be interviewed. At a minimum, the identity of the applicant must be verified.

If an authorized representative is applying on behalf of a household, written permission from the head of the household must be provided.

1. **FILING AN APPLICATION.** If the web-based D-SNAP application is used, the household must sign a *Request for Disaster Benefit Assistance* in order to inform the household that the Social Security Numbers and names of household members will be matched against various files. See Appendix I of this chapter for a copy of the request form.

If a paper application is used, the household must submit a completed and signed D-SNAP application to the local agency authorized for the D-SNAP, either in person or through an authorized representative. The agency must record the date the application is received.

The household must file the application during the disaster application processing period authorized by FNS. If a D-SNAP application is mistakenly filed outside of this disaster intake period, it must be denied.

Households that apply outside of this disaster intake period may complete an application for the regular program and have the application processed according to the regular program application procedures.

2. **MATCHES.** Applicants will be screened to prevent duplicate participation. They also will be subject to various other matches.

If the web-based application is used, the household will be screened automatically against extracts from **VaCMS**, the Division of Human Resources State Employee Database, Child Support Enforcement, and the web-based file itself. Match results will be provided to the worker online for information and evaluation. The local agency must screen all household members against SPIDeR and the local employee database(s). In some disasters, persons who match in **VaCMS**, and who have already received benefits through the regular program will not be eligible for D-SNAP benefits. A match with the VDSS state employee file is an indication to the worker of an income source to explore during the interview. A match with support enforcement files is an indication to the worker of a possible income source to explore during the interview. A match with the disaster file itself shows people who have already applied for D-SNAP benefits and the disposition of that application.

If a paper application is used, the household members on the application must be entered into the web-based automated system to check for duplicate participation prior to approval. The application will be automatically screened against the same sources noted above as the web-based application.

3. **INTERVIEWS.** The household must be interviewed. The individual interviewed may be the head of the household, spouse, any other responsible member of the household, or an authorized representative. If an authorized representative is applying, that person must have written permission from the household. The interviewer must review the information that appears on the application and resolve unclear or incomplete information with the household.

In addition, the interviewer must advise the household of its rights and responsibilities, including the right to a fair hearing, the proper use of benefits and EBT cards, penalties for fraud, and the civil and criminal penalties for violations of the Food and Nutrition Act. The interviewer must advise the household that it may be subject to a post-disaster review.

The interviewer must inform each household of the ongoing food assistance program and how to apply for benefits.

Local agency certification staff, other designated agency staff, staff from other local agencies and state social services staff, may be used to interview households and to determine eligibility.

4. **VERIFICATIONS.** Verification requirements will depend on the nature of the disaster, e.g., if homes were leveled, verification of several elements may be waived. Identity of the applicant is always verified. Examples of acceptable verification of identity include, but are not limited to, a driver's license, work or school ID, voter registration card, or birth certificate. A collateral contact may be used as a source of verification if the applicant's identity cannot be verified through documentary evidence.

For items where verification can be waived, the household declaration on the application must be used in the eligibility determination.

5. **HOUSEHOLD COOPERATION.** If the household refuses to cooperate with any aspect of the application process, the application must be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrate that it will not take actions that it can take and that are required to complete the application process.
6. **BENEFIT AMOUNT CALCULATION.** Households determined eligible for Disaster Program assistance must receive either a half-month or a full month allotment, depending on which disaster benefit period level was authorized by FNS.

The actual amount of the allotment will be based on the household size. The benefit allotment tables must be used to determine the amount of the allotment.

7. **PROCESSING STANDARD.** Eligible households that complete the D-SNAP application must have their eligibility determined the same day, or as soon thereafter as possible, in order to ensure that benefits are issued no later than the 3rd calendar day following the date the application was filed. Ex: Application date is September 17. The first of the 3 days to count is September 18<sup>th</sup>.

Ideally, an opportunity to obtain benefits should be provided the same day the application is approved. Benefits will be issued by vault EBT cards.

If, due to the volume of applications, additional processing time is needed, the local agency must forward the request for additional time to the Home Office, SNAP Unit. The request must indicate the date by which all D-SNAP applications will be processed.

8. **CERTIFICATION NOTICES.** The household must be advised in writing of the disposition of the application. See Appendix I of this chapter for the Notice of Action for the Disaster Program. If an application is approved, the household must be advised of the amount of the allotment and the period the benefits are intended to cover. If the application is denied, the basis of denial must be explained. If an application is withdrawn, list the date of the withdrawal on the notice to confirm it. Appeal information is on the notice.
9. **HANDLING CURRENT SNAP HOUSEHOLDS.** In some disasters, ongoing recipients may apply and be certified for disaster benefits. In some disasters, FNS has approved other options such as the issuance of automatic replacements to ongoing households. The manner in which ongoing households are handled will be determined in negotiations with FNS at the time of a disaster.

#### L. ELIGIBILITY REQUIREMENTS FOR DISASTER PROGRAM ASSISTANCE

To be eligible for the D-SNAP, a household must meet basic eligibility factors or requirements. These eligibility factors are for the household to: live in the affected area (Residency); intend to purchase and prepare food during the disaster benefit period (Purchase and Prepare); have suffered an adverse effect (other than loss of food) as a result of the disaster (Adverse Effect); be evaluated with people who would normally be part of the household (Household Composition), and to meet the income and resource eligibility test (Income and Resource Test). These factors are explained fully below.

1. **RESIDENCY.** At the time the disaster struck, the household must have been residing within the geographical area authorized for implementation of the Disaster Program. Such a household may be certified even though it is temporarily residing outside of this area. In this situation, the household would need to apply at the local agency where it lived at the time of the disaster. There may be exceptions for those who worked in the disaster area but do not live there. This will depend on the disaster circumstances.
2. **PURCHASE AND PREPARE.** The household must intend to purchase food and prepare meals during the disaster benefit period.
3. **ADVERSE EFFECT.** Depending on the disaster, the household must have experienced one or more of the following adverse effects that directly result from the disaster. Additional adverse effects may be identified at the time of the disaster.
  - a. **Loss or Inaccessibility of Income.**

Loss or inaccessibility of income means a reduction or termination of income, or a significant delay in receipt of income, due to the disaster. This could occur, for

example, if a disaster has caused a place of employment to close or reduce its work days, or if the work location is inaccessible due to the disaster (e.g., roads washed out).

b. Inaccessibility of Liquid Resources.

Inaccessibility of liquid resources includes situations in which the financial institutions in which the household has its resources are expected to be closed due to the disaster for at least half of the disaster benefit period.

**Note: This may be an infrequent occurrence, as households can usually access their resources via online banking or ATMs even if the bank branches are closed in the affected area.**

c. Disaster-Caused Expenses Due to Damage to the Home Property or Self-Employment Business.

The household must have had damage to the home property or self-employment business **with unreimbursed out-of-pocket expenses** in order to qualify under this criterion for the D-SNAP. The client will not have to verify these expenses.

**Eligible expenses include but are not limited to; home and business repairs, home and business protection, temporary shelter expenses, evacuation expenses, medical expenses due to personal injury, disaster-related funeral expenses, disaster-related pet boarding fees, disaster-related damaged vehicle expenses, storage expenses, expenses for clean-up supplies, and expenses related to replacement of items, such as clothing, appliances, tools and educational materials.**

d. Loss of Food. (state option)

Food lost or damaged in a disaster or lost because of a power outage that exceeded four hours.

**Virginia will utilize a Disaster Standard Expense Deduction (DSED) in lieu of actual disaster expenses incurred by a household. Only households with actual unreimbursed disaster-related expenses equal to or greater than \$100 qualify for the DSED. Households with deductible disaster-related expenses that fall below the \$100 threshold should have their eligibility determined using their actual expenses.**

**The DSED is designed to capture food loss along with other disaster-related expenses, such as loss of income and damage to or destruction of property. The DSED must not be applied to cases in which food loss is the only disaster-related expense.**

**All applicants must list the type and value of their disaster-related expenses on their D-SNAP applications.**



4. HOUSEHOLD COMPOSITION. The household must include as part of the application process the people normally living and eating together when the disaster occurred. Do not include any persons temporarily staying with the household or with whom the household is temporarily staying. If members of the family are not together on the date of application because of circumstances directly related to the disaster, but they were living and eating together on the date of the disaster, include those persons also.

Examples

In the following examples, the date of the disaster is September 18 **and the disaster benefit period is September 18 – October 3**. The date of application is September 30.

- a) Client applies 9/30 for herself. Her husband, who was in the home on 9/18, went to jail on 9/20. He is not included as a household member; he is not there on the date of application and his absence is not related to the disaster.
- b) Client and her husband moved in temporarily with her mother because their house was flooded. Do not include the mother because the client and her husband are temporarily staying there.
- c) Client's sister moved in with her temporarily because the sister has no power. Do not include the sister on the client's application.
- d) Client applies for herself and a baby born 9/20. The new baby is included because he is now part of the permanent household, even though he was not there on the date of the disaster.
- e) Client and her husband have four children. Their home was destroyed in a tornado. Nobody can house all six of them, so three children are with their grandmother, and the other three people are with the client's sister. The application can include the family of six, because they were living and eating together on the date of the disaster and the reason they are scattered is directly due to the disaster.
- f) Client's daughter is home from college because the college closed down. Do not include the college student because she is there temporarily.
- g) Client normally resides in the barracks on a military base. He is not eligible for benefits because he is in a facility that provides him food.

Students or others who have meals provided are considered residents of institutions and are not eligible for the D-SNAP.

5. INCOME AND RESOURCES TEST. The household must meet the disaster income limits. This is determined as follows:

- a. Determine the household's gross earned and unearned income during the disaster benefit period. For self-employment income, count the amount that remains after costs of producing the income are subtracted.

Count income the household has received during the disaster benefit period, or expects to receive with reasonable certainty during this period.

Income that is countable in the regular program will be countable for disaster benefits. Similarly, excluded payments under the regular program will be excluded for disaster benefit determinations.

For the D-SNAP, average weekly and bi-weekly income must NOT be converted to a monthly figure by the 4.3 or 2.15 conversion factors used in the regular program. Instead, the worker must determine the income already received during the disaster period, and anticipate the income expected for the rest of the disaster period.

Example

The disaster period is August 17 through September 16. The household files a D-SNAP application on August 30. The client has 4 pay dates during the disaster period. He had a full paycheck on August 23, but no pay on August 30 because the business flooded. He expects full pay again for the next two pay dates, because he is back at work. Count the one pay received and the two anticipated basing the amounts for the anticipated two on the one received.

D-SNAP income does NOT include any disaster assistance payments received or expected to be received during this period from Federal, State, or local government agencies or disaster assistance or relief organizations.

Income that is excluded under regular program rules is also excluded under disaster rules.

- b. Determine the household's accessible liquid resources as of the date of application.

All liquid resources that the household can access must be counted. They include, but are not limited to, cash on hand, money in checking, savings, and credit union accounts, Christmas Club accounts, Vacation Club accounts, certificates of deposit and money market accounts.

Jointly held resources between married persons belong to each party equally.

Jointly held resources between other people belong to the parties in proportion to their net contributions. If the parties establish that they intended a different ownership arrangement, that arrangement prevails.

Example

A daughter is listed on her elderly mother's bank account. The daughter and her mother say the money belongs to the mother. The account is not a resource to the daughter.

Individual Retirement Accounts, stocks, bonds and Keogh plans are not counted.

Do not count the same money as income and a resource for the same month.

Example

A client's paycheck is deposited directly in a checking account. Count the paycheck as income but deduct that amount from the resource balance.

- c. To be eligible for benefits, households' income and **accessible liquid** resources must be below the allowable levels.

**For households with \$100 or more in unreimbursed disaster-related expenses use Chart A. The income levels in Chart A incorporates the Disaster Standard Expense Deduction (DSED). Households whose total income plus accessible liquid resources that are less than or equal to the levels in Chart A would qualify for D-SNAP.**

**For households with \$100 or less in unreimbursed disaster-related expenses, or food loss is the only expense use Chart B. The income levels in Chart B does not incorporates the Disaster Standard Expense Deduction (DSED). Households whose total income plus its accessible liquid resources minus their actual disaster-related expenses must be less than or equal to the levels in Chart B to qualify for D-SNAP.**

If the household's income is at or below the limit **for its size**, the household is eligible for the benefit shown:

**Chart A (DSED):**

HOUSEHOLD SIZE	INCOME LIMIT	BENEFIT AMOUNT FULL MONTH	BENEFIT AMOUNT HALF MONTH*
1	\$2,879	\$281	\$141
2	\$3,745	\$516	\$258
3	\$4,295	\$740	\$370
4	\$5,047	\$939	\$469
5	\$5,550	\$1,116	\$558
6	\$6,196	\$1,339	\$670
7	\$6,659	\$1,480	\$740
8	\$7,121	\$1,691	\$846
Each additional person	+\$462	\$211	+\$106

\* The half-month benefit amount is calculated by dividing the full month amount by two and rounding up to the nearest whole dollar amount.

**Chart B:**

HOUSEHOLD SIZE	INCOME LIMIT	BENEFIT AMOUNT FULL MONTH	BENEFIT AMOUNT HALF MONTH*
1	\$1,950	\$281	\$141
2	\$2,343	\$516	\$258
3	\$2,737	\$740	\$370
4	\$3,130	\$939	\$469
5	\$3,555	\$1,116	\$558
6	\$3,982	\$1,339	\$670
7	\$4,375	\$1,480	\$740
8	\$4,768	\$1,691	\$846
Each additional person	+\$394	\$211	+\$106

\* The half-month benefit amount is calculated by dividing the full month amount by two and rounding up to the nearest whole dollar amount.

- d. For eligible households, the worker must complete the Internal Action Form for Disaster Benefits to authorize the issuance of the EBT card. See Appendix I for a copy of the form.

M. DISASTER PROGRAM BENEFIT PERIOD

1. The benefit period for the D-SNAP is not based on a calendar month as it is for the regular program. The benefit period is determined by the disaster benefit period authorized by FNS. The period will be either a half-month (15 days) or a full month (30 days).
2. The full amount of accessible liquid resources must be counted regardless of whether the length of the disaster benefit period is a half month or a full month.
3. If the disaster benefit period is a half-month, income over the 15 day period must be counted. If the disaster benefit period is a full month, then income during the 30-day period must be counted. The maximum income limit for the appropriate household size must not exceed the disaster income eligibility limit as shown in the table in Chapter L.

N. VAULT CARD ISSUANCE PROCEDURES

For the D-SNAP, eligible households must receive a new EBT card and EBT account. There must be a new card and account even if households are already known to the EBT system. Procedures for setting up EBT accounts are in Appendix IV of this chapter.

To issue EBT cards in the D-SNAP, the local agency must issue vault cards in the same manner they are issued for regular program operations. The eligibility worker must authorize issuance of a vault card in the stand-alone D-SNAP system and prepare the Internal Action Form. Refer to the EBT Policy and Procedures Guide.

The agency must provide an overview of the issuance process and use of benefits to the applicant. The overview must also advise the applicant of the approximate time when the EBT card will be available for use and when to select the Personal Identification Number (PIN). Households must select or change the PIN to access benefits through the Automated Response Unit.

O. FAIR HEARING

Households denied Disaster Program benefits may request a fair hearing in accordance with Part XIX. If the household decides to withdraw its request for a fair hearing, the request must be in writing.

P. TRANSITION TO THE REGULAR PROGRAM

Households that are issued D-SNAP benefits may follow up and file applications for the regular program. In such situations, benefits for the regular program must be prorated from the day following the end of the disaster benefit period, or the day of application for the regular program, whichever is later.

Example

The D-SNAP benefit period is August 18 through September 17. The household filed for and got disaster benefits on September 1. The household files an application for the regular program on September 15. If eligible, benefits are prorated from September 18, the day following the end of the disaster benefit period.

Q. DISASTER REPORTS

The VDSS must report daily to FNS the number of households and persons approved for disaster benefits. The report must distinguish between households and persons participating in the normal, ongoing program and new, nonparticipating households and persons. This information will be gathered at the end of each business day from the web-based system or the Master Issuance File or EBT files if a paper application is used. Daily reports will also capture the value of benefits issued and the number of households denied benefits.

The VDSS must submit additional reports at the end of the disaster period. These reports include:

FNS - 292B	Report of Supplemental Nutrition Assistance Program Benefit Issuance for Disaster Relief
FNS – 388	Monthly Issuance Report
FNS – 209	Status of Claims Against Households Report
FNS – 46	Issuance Reconciliation Report

Appendix VII contains guidance for the completion of these reports.

The VDSS will complete reconciliation and settlement reports through established processes and must address card production and delivery, benefit authorization, and posting issues.

R. RECIPIENT CLAIMS AND ENTITLEMENT TO RESTORATION

The LDSS must establish and pursue collection of claims for disaster benefits issued incorrectly. The LDSS must establish claims as soon possible, but no later than the end of the quarter following discovery of the overpayment. Regular Program rules apply for establishing and collecting amounts. See Part XVII.

The LDSS must restore benefits to any household that was incorrectly denied or that received too few benefits. The LDSS may discover the need for restoration through the fair hearing process, post-disaster review, or evaluation of household complaints. Regular program requirements apply for restoration so restored benefits may be offset against an existing claim. See Part XVI.

S. INTENTIONAL PROGRAM VIOLATION DISQUALIFICATION

Disqualification in the regular program does not disqualify a person from the Disaster Program. Committing an Intentional Program Violation (IPV) in the Disaster Program will count towards disqualification in the regular program however. See Part XVII.

T. POST-DISASTER REVIEW

After operations for a disaster program have ended, the VDSS will review a sample of certified cases. The VDSS will select a sample of 0.5 percent of the cases certified for the D-SNAP, up to a maximum of 500 cases. Following the reviews, errors identified will be analyzed and corrective actions developed and implemented. Cases identified as being over- or under-issued will be referred to the local agency for appropriate action. Potential fraud cases will also be referred.

In addition to the sample of cases, all applications of VDSS and LDSS personnel will be reviewed.

The VDSS will provide a report on the post-disaster review within six months of the close of the disaster period or as specified in the authorization from FNS to operate a D-SNAP.

U. Retention of Records

Each agency must maintain D-SNAP records in accordance with its established filing system. Program records must be retained for a minimum of three years.

APPENDIX I

DISASTER FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
<b>032-03-1120-06-eng</b>	Application for Disaster Supplemental Nutrition Assistance Program Benefits	<b>1-8</b>
032-03-0663-00-eng	Request for Disaster Assistance	<b>9-10</b>
032-03-0664-02-eng	Internal Action and Vault EBT Card Authorization for Disaster Benefits	<b>11-13</b>
032-03-0662-02-eng	Notice of Action–Disaster Supplemental Nutrition Assistance Program	<b>14-15</b>
032-03-0391-00-eng	Vault EBT Card Issuance Log	<b>16-17</b>
	D-SNAP Card Activation and PIN Selection Handout	<b>18</b>





**PART II: HOUSEHOLD MEMBERS, INCOME AND RESOURCES**

List ALL persons normally living and eating with you as of the date of this application. Do not include any persons temporarily staying with you or with whom you are temporarily staying. If members of your family are not together today because of circumstances directly related to the disaster, but they were living and eating with you on the date of the disaster, including those persons also.

Enter the total amount of ALL earned and unearned income received or expected to be received for ALL household members during the DISASTER BENEFIT PERIOD indicated above. Income includes, but is not limited to, gross salary and wages for full and part-time jobs, pensions, self-employment, child support, Social Security death, retirement, and disability benefits, and Supplemental Security Income. Source means: for wages- name of employer, for self-employment- name of business, and for child support- name of payor. Do not include disaster assistance payments you expect to receive from federal, state, or local governments or disaster assistance agencies during the benefit period. List all income including any received for a child or children in your household.

Enter the amount of ALL accessible resources as of the date of this application for ALL household members. Resources include, but are not limited to, cash on hand, money in checking and regular savings accounts, certificates of deposit, money market accounts, and Christmas and Vacation Club accounts. Resources do NOT include IRA Accounts, stocks, bonds, and KEOGH Plans. Source means: for all types, except cash on hand, the name of the financial institution. Please be sure to enter an answer in every row. If a person does not have the income or resource type listed, enter NA for not applicable.

IF YOU NEED TO INCLUDE ADDITIONAL HOUSEHOLD MEMBERS, INCOME, OR RESOURCES, PLEASE ASK FOR ANOTHER COPY OF THIS PAGE.

List Head of Household under 1. List other household members under 2 through 5. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below. <div style="border: 1px solid black; width: 100px; text-align: center; margin: 5px 0;">TYPE</div>	<b>1.NAME</b> (Last, First, MI, Suffix):	<b>2.NAME</b> (Last, First, MI, Suffix):	<b>3.NAME</b> (Last, First, MI, Suffix):	<b>4.NAME</b> (Last, First, MI, Suffix):	<b>5.NAME</b> (Last, First, MI, Suffix):
	<b>SSN:</b>	<b>SSN:</b>	<b>SSN:</b>	<b>SSN:</b>	<b>SSN:</b>
	<b>DOB:</b>	<b>DOB:</b>	<b>DOB:</b>	<b>DOB:</b>	<b>DOB:</b>

DISASTER BENEFIT PERIOD _____ to _____ INCOME AMOUNTS	GROSS WAGES/SALARY	AMOUNT					
		SOURCE					
	NET SELF-EMPLOYMENT	AMOUNT					
		SOURCE					
	CHILD SUPPORT	AMOUNT					
		SOURCE					
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT					
		SOURCE					
	PENSION	AMOUNT					
		SOURCE					
	SUPPLEMENTAL SECURITY INCOME	AMOUNT					
		SOURCE					
	OTHER INCOME (SUCH AS VETERANS, UNEMPLOYMENT, TANF) LIST ALL INCOME INCLUDING ANY RECEIVED FOR A CHILD OR CHILDREN IN YOUR HOUSEHOLD.	AMOUNT					
		SOURCE					

<b>CURRENT RESOURCE AMOUNTS</b>	CASH ON HAND	AMOUNT					
		SOURCE					
	CHECKING ACCOUNT(S)	AMOUNT					
		SOURCE					
	SAVINGS ACCOUNT(S) CHRISTMAS CLUBS, VACATION CLUBS	AMOUNT					
		SOURCE					
	OTHER RESOURCES	AMOUNT					
		SOURCE					

**DISASTER EXPENSES AMOUNTS**

Please list the disaster expenses that you have paid or expect to pay out-of-pocket during the disaster benefit period. If you have received or anticipate receiving reimbursement for an expense, please list only the net expense. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR EXPECTED TO BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.**

EXPENSE TYPE	AMOUNT	SOURCE
HOME OR BUSINESS REPAIRS		
TEMPORARY SHELTER		
EVACUATION EXPENSES		
MEDICAL EXPENSES DUE TO PERSONAL INJURY		
DISASTER-DAMAGE VEHICLE EXPENSES		
FUEL FOR PRIMARY HEATING SOURCE		
CLEAN-UP ITEMS EXPENSES		
STORAGE EXPENSES		
EXPENSES RELATED TO REPLACING ITEMS, SUCH AS CLOTHING, APPLIANCES, TOOLS, AND EDUCATIONAL MATERIALS		
DISASTER-RELATED PET BOARDING		
DISASTER-RELATED FUNERAL EXPENSES		
HOME OR BUSINESS PROPERTY PROTECTION		
OTHER (EXPLAIN)		

### **PART III: PENALTY WARNING**

If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You also may be required to repay any benefits you erroneously received. If your household receives SNAP benefits, you must not (1) give or sell SNAP electronic benefit cards to anyone not authorized to use them; (2) alter any SNAP electronic benefit cards to get benefits you are not entitled to receive; (3) use SNAP benefits to buy unauthorized items, such as alcoholic drinks, tobacco, or paper products; and (4) use another household's SNAP electronic benefit card for your household.

Any member of your household who breaks any of these rules on purpose could be barred from the Supplemental Nutrition Assistance Program for 12 months, 24 months, or permanently and may be fined, imprisoned, or both. Anyone court convicted of trading SNAP benefits for a controlled substance could be barred for 24 months or permanently, and permanently if court convicted of trading SNAP benefits for firearms, ammunition, or explosives. Anyone who intentionally gives false information or hides information about identity or residence to get SNAP benefits in more than one locality at the same time could be barred for 10 years.

### **PART IV: YOUR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM RIGHTS**

In accordance with federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC. 20250-9410 or call (202) 720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.

### **PART V: CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalty for withholding or giving false or misleading information. I certify, under penalty of perjury, the information I have given is correct and complete to the best of my knowledge. I authorize the release of any information necessary to review actions related to this application. I understand that if I disagree with the decisions made on my application, I have a right to ask for a fair hearing. I understand my household may be selected for a federal or state review to examine actions taken in connection with this application.

Signature (Mark) of Applicant or Authorized Representative: \_\_\_\_\_ Witness of Mark: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_ Worker Number: \_\_\_\_\_ Date: \_\_\_\_\_

## USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**AGENCY USE ONLY**

DISASTER ALLOTMENT CALCULATION

1. Anticipated Income \$ \_\_\_\_\_
2. Disaster Income Limit: HH Size \_\_\_\_\_ \$ \_\_\_\_\_
  - INELIGIBLE if #1 is greater than #2
3. Resources \$ \_\_\_\_\_
  - INELIGIBLE if #1 plus #3 is greater than #2
4. Total Disaster related expenses\* \$ \_\_\_\_\_
  - INELIGIBLE if #1 plus #3 minus #4 is greater than #2
  - ELIGIBLE if household meets the income test (#1 plus #3 minus #4 is less than or equal to #2)
  - WITHDRAWN on: \_\_\_\_\_
  - DENIED because: \_\_\_\_\_
  - APPROVED on: \_\_\_\_\_
  - DISASTER ALLOTMENT AMOUNT: \$ \_\_\_\_\_

WORKER: \_\_\_\_\_ Date: \_\_\_\_\_

DEPENDING ON THE DISASTER, CALCULATION FOR CURRENTLY CERTIFIED HOUSEHOLDS

1. DISASTER ALLOTMENT AMOUNT \$ \_\_\_\_\_
2. Ongoing Allotment (prorated) minus \$ \_\_\_\_\_
3. Difference (1 minus 2) \$ \_\_\_\_\_
4. Amount of Food Loss plus \$ \_\_\_\_\_
5. DISASTER ALLOTMENT AMOUNT (3 plus 4) \$ \_\_\_\_\_

WORKER: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Households with actual, unreimbursed disaster-related expenses equal to or greater than \$100 qualify for Disaster Standard Expense Deduction. Households with countable disaster-related expenses that fall below the \$100 threshold should have the eligibility determined using actual expenses.*

IDENTITY VERIFIED  
YES NO

RESIDENCE VERIFIED  
YES NO

INCOME VERIFIED  
YES NO

RESOURCES VERIFIED  
YES NO

METHOD and DATE:

METHOD and DATE:

SOURCE, METHOD, and DATE:

SOURCE, METHOD, and DATE:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

NOTES:

Application For Disaster Supplemental Nutrition Assistance Program\_Benefits

Form Number – **032-03-1120-06-eng**

Purpose Of Form – To record a household's request for disaster benefit assistance and provide information about the household's circumstances to determine eligibility. To serve as a paper back-up for the automated disaster system.

Number Of Copies – One.

Disposition Of Form – The application must be completed by the household or on behalf of the household by an authorized representative. An authorized representative must have written permission from an adult member of the household to file the application. The application must be filed in a disaster case record and retained for a minimum of three years.

Instructions For Preparation Of The Form – The Disaster Benefit Period will be pre-printed on the form in four different places before reproduction of it. The worker must complete the Agency Use Section on page 1, with identifying information. Note whether there are attachments (e.g., the household needed an additional sheet to list more than 5 household members) by circling Y or N in the Attachments block and show how many pages are attached.

The household or its authorized representative must complete and sign the application. If any information needs to be changed after it has been entered, the applicant or the authorized representative must initial and date the changes.

The Agency Worker must sign and date the application on page 3 underneath the client's or authorized representative's signature. The worker must complete page 4, with the eligibility documentation and determination of benefits if the automated system is not available.



COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF SOCIAL SERVICES  
 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
**REQUEST FOR DISASTER BENEFIT ASSISTANCE**

**General Information**

This request for assistance is the first part of the application process for the Disaster Program. You must also complete the second part of the application process by:

1. Having an interview and
2. Signing an Application for Disaster Supplemental Nutrition Assistance Program Benefits

**Complete and Accurate Information**

You must give complete, accurate, and truthful information. If you give false or misleading information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Benefits.

**Verification and Use of Information**

The information that you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if it is accurate. In addition, the information will be used to prevent receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database.

**Completing the Request for Assistance**

If you are applying for your own household, please enter your name and other information requested in the space provided.

You may complete this request for assistance for someone else, if you have been authorized by that person to represent them. You will need a signed and dated statement from the person for whom you are applying before you can complete the application process. If you are applying for someone else, please enter the name and information of the person for whom you are applying. In addition, please enter your name and other information in the space provided.

032-03-0663-01-eng (09/09)

Applicant Name	Date of Birth
Address	Social Security Number
	Telephone
Signature or Mark	Date

Authorized Representative Name	Relationship to Applicant
Address	Telephone
Signature or Mark	Date

**Your Supplemental Nutrition Assistance Program Rights**

In accordance with Federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Request For Assistance For Disaster Benefit Assistance

Form Number: 032-03-0663

Purpose Of Form: To indicate intent to apply for the Disaster Supplemental Nutrition Assistance Program by an applicant or an authorized representative.

Use Of Form: To be completed by an applicant or authorized representative to begin the application process when using the automated Disaster Eligibility System. The form will notify the applicant or the household's authorized representative of various database screenings.

Number Of Copies: One

Disposition Of Form: The form must be retained in the case record with the signed Application for Disaster Supplemental Nutrition Assistance Program Benefits.

Instructions For Preparation Of The Form: The applicant must complete the identifying information. If this form is completed by the applicant's authorized representative, the authorized representative must complete the identifying information for the applicant. In addition, the authorized representative must complete his/her own identifying information. The form must be signed by either the applicant or an authorized representative of the household.

### INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION FOR DISASTER BENEFITS

DATE: \_\_\_\_\_  
TO: \_\_\_\_\_ Vault Card Issuance Unit \_\_\_\_\_ EBT Administrative Terminal Personnel  
FROM: Eligibility Worker/Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
RE: Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Amount Authorized: \$** \_\_\_\_\_ **Household Size:** \_\_\_\_\_

- I.  Authorization for a Vault EBT Card  
Vault card reason: (1)  Timely processing (2)  Household emergency (3)  Agency determination

**Case Name Social Security Number** \_\_\_\_\_ **Case Name Birth Date** \_\_\_\_\_

Address of household: \_\_\_\_\_

[ ] Release vault card to Authorized Representative \_\_\_\_\_

- II.  Authorization for crediting the card replacement fee to the household's account  
Reason:  Household disaster  Lost in the mail  Household Violence  
 Improperly manufactured  Reapplication, no card  Cardholder name changed
- III.  Administrative error – Debit account for \$ \_\_\_\_\_.
- IV.  Repay SNAP Claim of \$ \_\_\_\_\_ from  EBT account

#### Issuance/Administrative Unit Use

I. EBT Vault Card Number:

6	2	2	0	4	4										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of identification seen:

- Driver's License  Rent/Utility Bill/Receipt  School ID Card  Work ID Card  
 Library Card  Social Security Card  Other: \_\_\_\_\_

I acknowledge that I received my EBT card. I understand that I need to call the Automated Response Unit (ARU) to select a Personal Identification Number (PIN) to use my benefits.

\_\_\_\_\_  
Applicant or Authorized Representative Signature or Mark Date

- Cardholder failed to pick up vault card  Card destroyed on \_\_\_\_\_  Vault card not prepared

II. Replacement fee credited on \_\_\_\_\_

III. EBT account debited for \$ \_\_\_\_\_ for an administrative error on \_\_\_\_/\_\_\_\_/\_\_\_\_

IV. Repaid \$ \_\_\_\_\_ to SNAP Claim on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Completed By: \_\_\_\_\_ Date  
Issuance/Administrative Worker

Internal Action and Vault EBT Card Authorization For Disaster Benefits

Form Number - 032-03-0664 (Note: This form will only be used if issuance must be performed manually. In all other instances, the internal action form will be generated through the Web-based disaster eligibility system.)

Purpose of Form – This form documents that the Eligibility Worker (EW) authorizes the Issuance Worker to set up an EBT account and post benefits. It also documents that the household received its EBT card.

Use of Form - The EW completes the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to a Disaster benefit household. The Issuance and Administrative Unit completes the bottom portion of the form to document that an account was set up and benefits were posted. The applicant or the applicant's authorized representative must sign the form to acknowledge receipt of the vault card.

The agency must also use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

Number of Copies - One.

Disposition of Form - The form is retained in the disaster case file for a minimum of three years.

Instructions for Preparation of Form - The EW or Supervisor must complete the identifying case and unit information. For approved disaster applications, the EW must enter the amount of disaster benefits authorized, the household size, the Social Security number and date of birth of the case name, and the household's address.

The Eligibility Supervisor or designee must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.

Generally, the Issuance Unit should prepare a vault card for the household on the same day the form is received. The Issuance Worker with either Update 1 or Update 2 role in EPPIC issues the vault card after the case had been transmitted to EPPIC. The Issuance Worker must record identity verification before releasing the vault card to the cardholder and secure the signature of the applicant or the applicant's authorized representative on the form.

The Issuance Unit must destroy the card after five business days if the card is not picked up by the applicant or the authorized representative. The Issuance Worker must note the date of the destruction of the card on the form.

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The supervisor of the Issuance or Administrative Unit must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

CASE NUMBER
DATE
COUNTY/CITY

**NOTICE OF ACTION - DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR APPLICATION FOR DISASTER SNAP BENEFITS.

[ \_\_\_\_\_ ]  
 [ \_\_\_\_\_ ]

**ACTION ON APPLICATION DATED \_\_\_\_\_**

Approved for \$ \_\_\_\_\_ for Disaster Benefit Period \_\_\_\_\_ to \_\_\_\_\_

Denied Reason \_\_\_\_\_

Withdrawn Application withdrawn by household on \_\_\_\_\_

If you do not agree with the action we have taken or the amount of benefits you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 801 E. Main Street, Richmond, Virginia 23219-2901. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your hearing within the next 90 days.

In addition to filing an appeal, you also have the right to a conference with your local social services agency, at which time the agency must give you an explanation of its action. You must also be given the opportunity to present any information on which your disagreement with the agency's action is based. At the conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer. The local agency must provide a conference within three working days from the time of your request. If you would like to have a conference, please call me at the number below.

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your situation concerning your stated need for benefits. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) Examine all documents and records which are used at the hearing;
- (2) Present your case or have it presented by a lawyer or by another authorized representative;
- (3) Bring witnesses;
- (4) Establish pertinent facts and advance arguments; and
- (5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Worker	Telephone Number	For Free Legal Advice Call
--------	------------------	----------------------------

Notice Of Action –Disaster Supplemental Nutrition Assistance Program

Form Number – 032-03-0662

Purpose Of Form - To notify an applicant of eligibility action taken on an application for disaster benefits.

Use Of Form - To be prepared and provided immediately or within the appropriate time standard following action on an Application for Disaster Supplemental Nutrition Assistance Program Benefits.

Number Of Copies - Two.

Disposition Of Form - The original is to be provided to the household or authorized representative. One (1) copy is to be retained in the case file.

Instructions For Preparation Of Form

Complete the identifying information at the top of the form.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the allotment amount and the time period the allotment is to cover (disaster benefit period).

For denials, indicate the reason the application was denied.

For withdrawals, enter the date the household requested the application be withdrawn.

Sign the form. Enter a telephone number for the worker and the telephone number of the local legal aid office.

**VAULT EBT CARD ISSUANCE LOG**

Agency/Location \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

	Date	Case Number	Cardholder Name	Reason for Vault Card (1, 2, 3)	Card Number (16 digits)	Issued By (Initials)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						



Vault EBT Card Issuance Log

Form Number - 032-03-0391

Purpose Of Form - This log provides a monthly listing of the over-the-counter vault cards the local agency issued for the Disaster Program. The log compiles information from the internal action forms and will support inventory control and requisitioning.

Use Of Form - The Issuance Unit must prepare the issuance log upon receipt of the Internal Action and Vault EBT Card Authorization form from the Eligibility Unit and after the Issuance Worker links the vault card in the EBT System.

Number Of Copies - One.

Disposition Of Form - The Issuance Worker must retain the log for the current month with copies of the Internal Action and Vault EBT Card Authorization forms received in the month.

Instructions For Preparation Of Form - The Issuance Worker must complete the log based on information from the internal action form. The Issuance Worker must also initial the log.

## **DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ELECTRONIC BENEFIT TRANSFER (EBT) CARD PIN SELECTION**

You must select a Personal Identification Number (PIN) before you will be able to buy groceries using your *Virginia EBT card*. Complete the following steps to select your PIN.

STEP 1 – Call 1-866-281-2448. This is a toll-free number.

Press or say 1 for English, 2 for Spanish.

STEP 2 – Enter your 16-digit card number. You may have to re-enter the number if you make a mistake or if you do not enter the whole number.

You will hear: “To select or change your PIN, you will need some personal information of the person whose name is on the case.”

STEP 3 – Enter the last 4 digits of the Social Security Number of the person whose name is on the case, followed by the pound sign. The system will ask if this is correct, press 1. If not, press 2. If you do not have a social security number, you will be asked to enter your 7-digit case number.

STEP 4 – Enter the two digits for the month of birth for the person whose name is on the case. For example, if the person’s birthday is May, enter 05. Then enter the two digits for the day of birth. If the person’s was born on the 8<sup>th</sup>, enter 08. Then enter the 4 digits for the year of birth. The system will ask you if this is correct, press 1. If not, press 2.

STEP 5 – Enter your new 4-digit PIN, followed by the pound sign.

STEP 6 – To verify your entry, please re-enter your new 4-digit PIN, followed by the pound sign.

When you successfully complete the steps, you will hear this message: “You successfully selected your PIN. Your card is ready to use. Please do not write your PIN on your card.”



## **Disaster Supplemental Nutrition Assistance Program**

### **Administrator's Planning Guide**

#### **Introduction**

The United States Department of Agriculture (USDA) can authorize the implementation of a short-term Disaster Supplemental Nutrition Assistance Program (D-SNAP) when there is a major disaster. The purpose of the D-SNAP is to provide emergency food assistance to disaster victims as effectively and efficiently as possible. As a result, the D-SNAP is much more streamlined than the regular Supplemental Nutrition Assistance Program (SNAP). Eligibility criteria are much less stringent, and generally most items of information do not need to be verified. In order to implement a D-SNAP in the throes of an emergency, advance planning is crucial.

The Commonwealth of Virginia has submitted a plan to USDA to outline how the D-SNAP will operate in Virginia. The issuance of cards will be handled through the existing EBT system. This Administrator's Planning Guide provides guidance for planning for the implementation of a D-SNAP on the local level.

Briefly, the D-SNAP includes a determination of eligibility and an issuance of benefits. There must be a separation of duties between the eligibility and issuance tasks.

The eligibility portion is accomplished by:

- Completing the application on-line with a web-based disaster application. The application must be printed and signed by the applicant and interviewer. The web-based application screens for matches with **VaCMS**, the Virginia Department of Social Service Employee Database, APECS, and with the Disaster Database itself. The web-based application calculates the disaster benefit and produces the Internal Action Form for the eligibility staff to authorize the issuance of a vault card.
- If logistics are such that paper applications are used, the paper application is taken, signed by the applicant and interviewer, then data-entered into the web-based system for matching and benefit calculation.
- Either process must ensure that all applicants are interviewed, and applications are signed and dated by the applicant and the interviewer.

The issuance portion is accomplished by:

- Automatic establishment of an EBT account and posting of benefits;
- Issuance of vault cards as no initial EBT cards will be mailed; or

## **The Planning Process**

Members of the community who will be partners in implementing the D-SNAP should be identified and included in the planning process. This group should include social service providers, providers of emergency food assistance, police departments and members of county and municipal governments who may be able to provide additional staff or other resources to assist you in administering the D-SNAP.

It is further recommended that local agencies coordinate within the region to set the same parameters for the D-SNAP. This effort will result in less confusion for the public and will allow for the use of one media spokesperson for the region. VDSS will convene regional meetings or conference calls after a disaster to facilitate this process.

Planning should cover the activities that are outlined in this Planning Guide. Suggestions or edits related to this or other guidance should be submitted to the Division of Benefit Programs.

### **Decision to Implement a D-SNAP**

The decision to implement a D-SNAP should be made by key decision makers in a jurisdiction. The D-SNAP should be implemented only in those cases where it is not practical to operate the regular program. Factors that may lead one to make a determination that a D-SNAP is the appropriate option include:

- A large population of prospective applicants – If damage from the disaster is severe or widespread, affecting a large number of households not already participating in the program, then this volume of applicants may not be able to be served through the existing application and eligibility determination process. Damage could include damage to individual residences, or loss of income due to closing of employment locations.
- The disaster is such that many households would not have the verifications required by the regular program, (e.g., houses were leveled in a tornado.)
- The affected population needs benefits more quickly than would be provided under the regular program, and they have used available income and resources that could have been used for food on disaster related expenses.
- Availability of grocery stores – USDA will only approve the operation of a disaster program in the event that food retailers are open for business in the community. Additionally, the point of sale (POS) devices that enable an EBT/credit/debit card transaction must be operational.

In making the decision to operate the program, there should be designations for:

- The contact person and back up contact for the D-SNAP.
- A contact list including home and cell phone numbers of the key decision-makers including the Department Director, Board members, and other county officials.
- Assignment of personnel to gather information and prepare the application to VDSS.
- Identification of the information sources necessary to prepare an application.
- Identification of the need for additional employees to have EPPIC Update 1 authorization to issue vault cards.

When the community decides to operate a D-SNAP, the application form (Appendix III) should be completed and submitted to the Home Office via e-mail.

## **Operating the D-SNAP**

### Notifications

Operating the D-SNAP requires certain notifications including:

- How staff and other agencies involved will be notified
  - Develop a call tree with essential names and telephone numbers.
  - Develop an email distribution list of key contacts.
- How the public will be notified
  - Identify key information hubs including local newspapers, radio stations, television stations, government offices, and government web sites.
  - Identify a single spokesperson for the locality and consider designating one spokesperson for a group of localities.
  - Include social service agencies and other disaster relief agencies.
  - Consider developing posters in advance. Specifics of dates and hours of operation can be completed manually when needed.
  - Have a strategy for keeping the public informed throughout the disaster period.

### Locations

In determining locations for the application sites, consideration should be given to these factors:

- Staff and applicant security, including during extended hours of operation.
- Availability of public transportation and parking.
- Accessibility to delivery vehicles for commodity distribution.
- Adequate space and facilities for human comfort concerns, such as:
  - Arrange to protect people from the elements;
  - Place water and food stations near areas of long waits;
  - Arrange for bathroom facilities and supplies;
  - Provide ample waiting areas.
- Adequate space to accommodate the anticipated number of applicants.
- Security of the facility for EBT cards and issuance activities.
- Accessibility to the elderly and disabled.
- Adequacy and accessibility of power sources and supplies.
- Availability of Internet access.
- Consideration of other county or city facilities.
- Consideration of social service agency offices.
- Consideration of use of trailers or tents for waiting areas.
- Consideration of entering into agreements with adjoining LDSS to handle each other's applicants.

## Staffing

The local agency will want to decide:

- Staffing needs for implementation of the program.
- Sources of additional staff.
  - Consider training agency staff not ordinarily involved in the regular program to be prepared to take applications for the D-SNAP.
  - Arrange with other county or municipal departments to lend staff to assist.
  - Arrange with community agencies to lend staff.
  - Consider using volunteers (cannot be used for interviewing or determining benefits)
  - Maintain a list of the names of staff that are willing to help in other jurisdictions if their own is not affected by the disaster, and submit to the Division of Benefit Programs, which will then act as a clearinghouse for matching staff with locations of need.
- How training will be provided for staff not trained by state staff.
- What resources other agencies can provide.
- How the need for additional certification sites will be assessed, and what sites are available.

## Equipping the Site

The local administrator should consider:

- How the need for equipment (including computers and a printer for each computer) and supplies will be determined.
- How needed equipment and supplies will be acquired and distributed (source, actual acquisition).
- Ensuring that supplies of applications, forms and vault cards are available.
- Making arrangements in advance of the disaster for the loan of equipment from other agencies or Home Office.

## Crowd Management

In operating the D-SNAP, crowd management will be an important factor. These factors can assist with crowd control:

- Determine client flow.
- Estimate wait time from certain points and post signs to inform crowd.
- Consider separate lines for elderly or disabled applicants.
- Consider staggering applications by asking people to apply by birth date, Social Security Number, alphabetically, or some other method.
- Consider giving people in line information sheets indicating what items of information they need to apply so if they are not prepared they can get the information.
- Consider giving numbers or colored chips to bring back the next day to people who are in line when lines are cut off so they can be seen the next day without standing in line again.
- Arrange for equipment such as ropes, barriers and bullhorns as well as other staff to establish lines, block access to secure areas, and direct traffic flow.

## Administrative Considerations

The local agency will be faced with other considerations. These include:

- How the need for extension of the D-SNAP will be assessed and request made, if warranted.
- How information necessary for daily reports will be gathered.
- How and by whom reports will be submitted.
- How program operation will be assessed.
- How adjustments to program operations will be made.
- How to handle employee applications; it is recommended that specific supervisory personnel be designated to take and process employee applications.

## Reimbursement of Expenses

The local agency should keep detailed records of expenses that may be submitted for reimbursement. During the most recent disaster, the criteria for reimbursement were:

- The expenditure must be the result of the declared disaster.
- The expenditure must be a cost incurred for an activity for which the agency is directly responsible.
- The expenditure must have been incurred within the locality's jurisdiction.
- The expenditure must be a cost incurred in excess of what the insurance covers.

Applicable disaster-related expenditures include overtime costs, food for staff, staff travel to additional work sites, staff lodging and any special equipment purchases. All reported expenditures must include all backup documentation. Documentation may include, but is not limited to receipts, timesheets, copies of purchase orders and warrant registers.

## Sample Cover Letter to Operate the D-SNAP

Local Agency Address

Date

Director's name  
Director of Benefit Programs  
7 N. 8<sup>th</sup> Street  
Richmond, VA 23219-3301

Dear

The President has declared a disaster in Virginia. Based on this, we in \_\_\_\_\_ county request authorization to operate the Disaster Supplemental Nutrition Assistance Program (D-SNAP). Considering that our entire county (or a significant area --whichever fits the situation better) has been affected by this disaster, we want to operate the full D-SNAP and not a modified plan. The population is also too large to operate the regular program.

We have attached the Application for Disaster Supplemental Nutrition Assistance Program. We have ensured that the issuance and certification staff is separate and that the same person does not determine eligibility and then issue benefits.

According to our plan, we will be able to operate the D-SNAP successfully and provide benefits within three days.

Please advise as soon as possible if we have been approved to operate the D-SNAP.

Sincerely,

Director or designee



**City/County of**  
**DEPARTMENT OF HUMAN SERVICES**

APPLICATION FOR  
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
(Date)

1. Type of Disaster and Date of On-set: *EX: Hurricane, September 18, 2003. Include a statement that a Presidential declaration has been granted.*
2. Description of the geographical area: *EX: The entire county was affected by the hurricane. EX: Only the southern part of the county was affected by the flood, primarily residences in zip code 22407.*
3. Status of Food Distribution: *(USDA requires commercial trade networks to be operational again before approving a disaster SNAP program or an estimate given when they will be restored.) EX: Retail food outlets were closed for two days and all major grocery stores are now in operation. Point-of-sale (POS) devices are operational.*
4. Needs Assessment Part A: *(Statement explaining why the food needs cannot be met by the regular program and that the volume of affected households cannot be adequately served). EX: There are many citizens who have been unable to work due to the business closures from flooding. In addition, there was widespread property damage along the tributaries of the river where flash floods wiped out the community around the courthouse.*
5. Needs Assessment Part B: *(Provide separate estimates of the number of ongoing and new households involved in the disaster. Depending on the nature of the disaster, there may be other options available for consideration in the plan, such as automatic replacements for ongoing households.) EX: Our current participation is xxx number of households. We anticipate XXX new households needing disaster services.*
6. Needs Assessment Part C: *If disaster resulted in loss of food only, the plan must include:*
  - a. *Statement of outage duration*
  - b. *Geographical limits*
  - c. *Percentage of customers affected*
  - d. *Indication of whether food loss alone allows household eligibility*
7. Description of Residency Requirement *(Does the applicant need to reside in the locality? Is a household working but not living in the affected area eligible?)*
8. Application Processing Estimate: *(Indicate the time frame for taking applications for the D-SNAP, including the beginning date normally not to exceed 7 days.) EX: If*

*approval is received by October 9, we will initiate operations on October 10 and take applications for five calendar days. Benefits will be issued no later than three days following the date of application.*

9. Length of Duration of the Program: *(Indicate the disaster period requested, by indicating the start and end date, usually a full month. Depending on the nature of the disaster, USDA may advise the state of the parameters.) EX: A full month's benefit period is requested because of the severity of the flooding and the fact that affected households lost all food in addition to lost income and disaster-related expenses.*
10. Disaster Relief Agencies: *(Indicate which other agencies will participate in taking and processing applications or issuing benefits, and specify the functions they will perform.) Other agencies could include the Red Cross or Salvation Army. EX: We do not anticipate using a Disaster Relief Agency to certify or issue benefits.*
11. Public Information: *(Identify the newspapers, radio stations, television stations, and key media outlets or government web sites the local agency will use.) EX: We will contact the Independent News Courier and WPDK radio to disseminate information about the program, the criteria, and hours of operation. We will post the information on the City's web page, and direct community partners to the city and state web sites.*
12. Procedures for Processing and Accepting Applications: *(Explain where applications will be taken, including crowd management at sites and fraud prevention measures.) EX: Applications will be taken for 7 days, October 7 through October 13, from 9 a.m. to 7 p.m. at the City Human Resources Center. Designated senior management will take and process any employee applications. All applications will be screened for duplicate participation. The Sheriff's Department is on call to assist with security of the facility. The plan needs to address:
  - a. Description of any activities to help applicants understand how to complete the application (language issues)
  - b. Screening activities
  - c. Any volunteers used
  - d. Description of alternate locations
  - e. Procedures to reduce applicant hardship (i.e. water, bathrooms, etc.)
  - f. Accessibility for the elderly or disabled*
13. Procedures for Processing Benefits: *(Explain benefit issuance procedures.) EX: Applicants will be screened to prevent duplicate participation. Benefits to eligible households will be issued on a vault card by staff authorized to set up accounts in the EBT system and post benefits. Will the client be given a card the day of the application or will they be required to pick up the card another day? Specify different procedures for:
  - a. Ongoing households
  - b. New applicants*

- c. Special needs population (elderly, disabled, etc)*
  - d. Estimate how long it will take to process applications*
  - e. Describe any alternate sites that will be used*
  - f. Crowd control measures*
- 14. Number of Eligibility Workers: *(Number of eligibility workers available to process D-SNAP applications)*
- 15. Any additional information that you believe may be helpful in processing your application. *(Provide detailed, specific information on conditions in your county/city, such as duration of power outages, shut down of key employers, lack of other resources to meet needs, how you will contact employees.)*
- 16. Fraud Prevention Procedures: *This would include a description of:*
  - a. Application/issuance site controls*
  - b. Use of onsite fraud investigators*
  - c. Specific plans to handle employee applications.*
  - d Separation of duties*
  - e. Signs will be posted to notify of fraud prevention and audit)*
- 17. Name, Title, and Telephone number of Requesting Official:
- 18. Date of Request:

## Electronic Benefits Transfer (EBT) Disaster Issuance Process

Eligibility for the Disaster Supplemental Nutrition Assistance Program (D-SNAP) process is outside of **VaCMS**. Benefits approved in the D-SNAP system are merged with the regular benefit approvals and changes in **VaCMS** and forwarded to the EBT vendor. Batch cutoff times are 9:00 a.m., 11:00 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m., and 8:00 p.m. After each cutoff, the benefit file is transmitted at 10 minutes past the hour and the demographic file follows at 20 minutes past the hour.

The process described in this Appendix outlines how to attach an EBT vault card to a D-SNAP case and how to issue the EBT vault card to the Case Name or the household's authorized representative. Workers with an Update function profile in EPPIC will issue vault cards. There will be no initial mailing of cards in the operation of the D-SNAP.

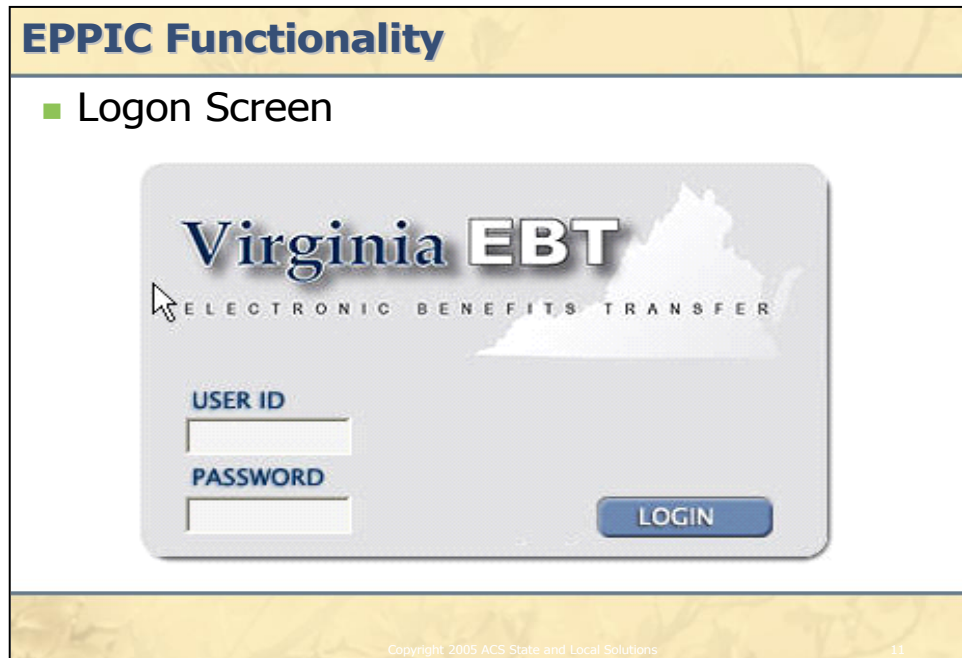
If additional workers need the capacity to issue vault cards to meet the emergency need, the local security officer may add or change duties as necessary. Please note the separation of duties between eligibility staff and issuance staff must be maintained, i.e., workers responsible for determining eligibility for or approving case actions in the D-SNAP system must also not have the role of issuing cards.

General EBT Card Issuance Instructions:

- Step 1 Receive the case file, *Request for D-SNAP Assistance*, application, *Internal Action and Vault EBT Card Authorization for Disaster Supplemental Nutrition Assistance Program Benefits*, and notice of action from the eligibility worker (EW). The application and internal action form must be provided because information from these forms will be needed to issue an EBT vault card. Cards may be issued to the primary cardholder in advance of the case appearing in the issuance system through manual account setup. Clients must be advised of the time their cards will be available for PIN selection and when benefits will be accessible. Cards issued to authorized representatives can not be issued through manual account setup. Issuance staff must wait for these cases to appear in the issuance system prior to issuing.
- Step 2 Access the case in the EBT system, by performing a case number or case name search.
- Step 3 Take a vault card from the supply. Write the vault card number on the internal action form. Initial and date the internal action form next to the card number.
- Step 4 Complete the *Vault EBT Card Issuance Log*.
- Step 5 Access the Recipient Card Issue screen in the EBT system, choose vault card as the method of issuance, and enter the vault card number associated with that case in the card number field.
- Step 6 Obtain the case name or authorized representative's signature on the Internal Action Form when the card is given to the person.
- Step 7 Ensure that the cardholder has the Q&A brochure which explains PIN selection and care of the EBT card.

## LOGIN PROCESS

The following information is needed to log on to the EBT system EPPIC:



**USER ID** - User Id is the assigned logon ID (lower case only)

**PASSWORD** - Initial password will be communicated to the worker by the local security office. The worker will be prompted to change the password to a strong password at the first login.

- **STRONG PASSWORD GUIDELINES**

Passwords must be eight to ten characters long.

They must have at least one upper and lower case letters, and must be alphanumeric.

Passwords are case sensitive.

Punctuation symbols are not allowed (e.g., ?, %, @)

Passwords must be changed every 30 days.

1. Enter the User ID in the User ID field.
2. Enter the Password in the Password field.
3. Click Login or hit Enter.

The EPPIC Main Menu displays.

## EPPIC Functionality

### ■ Main menu

The screenshot shows the EPPIC main menu. At the top is the EPPIC logo. Below it is a 'User Info' box containing the following text: 'Name: Team 01', 'Login: 07/25/2007 13:10:02', and 'Act.: 07/25/2007 13:10:02'. Below the user info are ten blue buttons stacked vertically: 'Recipient Account', 'Financial Accounting', 'Reconciliation', 'Reports', 'Voucher Management', 'User Management', 'Retailer Management', 'Password Change', and 'Log out'.

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The Update Worker must click “Recipient Account” and then “Account Maintenance” to issue a vault card. The Recipient Search Screen will appear.

## EPPIC Functionality

### ■ Search screen

The screenshot shows the 'Recipient Search' screen. The title 'Recipient Search' is centered at the top. Below the title is a form titled 'Recipient Search'. Inside the form, there is a section 'Select search method' with four radio button options: 'Case Number' (which is selected), 'Last and First Name', 'SSN', and 'Card Number'. Below the radio buttons is a text input field containing the value '0059265'. Underneath the input field is the label 'Case Number'. At the bottom of the form are two buttons: 'SEARCH' and 'RESET'.

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### Recipient Search

Select the search method. The Internal Action Form should have the client’s D-SNAP case number and name on it. Enter the desired search method and click “search.” The Recipient Search Results screen will display.

If the applicant’s name is not found in EPPIC, the Update Worker should go through the Manual Account Setup feature to issue a vault card.

## EPPIC Functionality

### ■ Search Results Screen

**Recipient Search Results**

**Recipient Search Results**

**Recipients Found**

Type	Case Nbr	Name ▲	SSN	Address	City	ST	
PRIMARY	0059265	CONFUSED, CANT B	*****3185	1 S ADAMS DR	RICHMOND	VA	<a href="#">CASES</a>
AUTH REP	0059265	YOU, HASSELL	*****3185	59 S 18TH ST	RICHMOND	VA	<a href="#">CASES</a>

[SEARCH](#)

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Find the person to whom the vault card will be issued. Click on “Cases” for the “Recipient Case Management Screen.”

## EPPIC Functionality

### ■ Case Management Screen

**EPPIC™ Recipient Case Management**

**Recipient Info**

CANT B  
CONFUSED  
05/08/1987  
\*\*\*\*\*3185  
1 S ADAMS DR  
RICHMOND  
VA 23225-0000

Case Number  
0059265

[Recipient Account](#)

[Financial Accounting](#)

[Reconciliation](#)

[Reports](#)

[Voucher Management](#)

[User Management](#)

[Retailer Management](#)

[Password Change](#)

[Log out](#)

**Case Profile**

Case Nbr	Status	Issue Date	Last Access	Balance	Available Balance	
0059265	OPEN	07/20/2007	07/20/2007	\$128.70	\$43.70	<a href="#">DETAILS</a>

**Total Balance**

Food Stamp Balance	<b>\$128.70</b>	Food Stamp Available	<b>\$43.70</b>
--------------------	-----------------	----------------------	----------------

**Cardholders**

Type	Name	Card Nbr	Access Status		
PRIMARY	CONFUSED, CANT	6220441006951112	Active	<a href="#">DETAILS</a>	<a href="#">CARD</a>
AUTH REP	YOU, HASSELL	622044200610955	Active	<a href="#">DETAILS</a>	<a href="#">CARD</a>

[SEARCH](#) [RECIPIENT](#) [CASES](#) [CARDS](#) [TRANSACTION](#)

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Within the Cardholders tab, click “Card”. When Account Management Card Issuance appears, select VAULT.

Enter the vault card number of the card to attach to this EBT account. Click “Issue.” A gray dialog box appears to say the card has been issued. Click OK.

The vault card has been issued. The client will need to call the ARU to select a PIN, and then the card can be used.

The same steps are used to issue the card to an authorized representative. The Update Worker must locate the representative in EPPIC before the card can be attached.

#### CARD DESTRUCTION

If a vault card is prepared in advance of the client or representative being present, and is not picked up after five business days, the card must be destroyed. The Issuance Worker must note the date of destruction on the internal action form in the appropriate disaster case file. The Issuance Worker must record the destruction on the *Undelivered EBT Cards – Destruction Record*.

#### ADDITIONAL BENEFITS ADDED TO DISASTER EBT ACCOUNTS

In some instances, there may be more than one D-SNAP benefit added to an account. This may occur when the EW is aware that a mistake was made in the calculation of benefits or when the household reports a change. The additional benefit must be authorized in the D-SNAP system and will be transmitted by batch to the EBT account.

#### REPAYMENTS

Repayments on D-SNAP cases are handled the same way repayments on regular accounts are handled.

#### TROUBLESHOOTING

Unresolved error messages must be referred to the Help Desk at 1-800-223-8846.



**SAMPLE FLYER**

# DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR VICTIMS OF HURRICANE \_\_\_\_\_

The City of \_\_\_\_\_ is authorized to implement the Disaster SUPPLEMENTAL NUTRITION ASSISTANCE Program to assist the victims of Hurricane \_\_\_\_\_. Hurricane victims may be eligible for a one-time only benefit issuance. You must have incurred disaster related expenses to be eligible.

**Where to Apply:** Hurricane victims may apply for Disaster Food Assistance at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The office will take applications Monday - Friday from \_\_\_\_ am to \_\_\_\_ pm.

**Who May Apply:** A responsible adult household member may apply for the family.

**Time Limits:** Applications may be submitted from \_\_\_\_\_ through \_\_\_\_\_.

**Who's Eligible:** The household must have lived in the City of \_\_\_\_\_ during Hurricane \_\_\_\_\_. The household must also have suffered a loss of income or damage to home property or self-employment business.

To determine the household's income, the net income (take-home pay) from wages or self-employment, assistance payments and other unearned income, such as Social Security or child support, that a household receives will be added to cash on hand and other accessible funds (such as money in checking and savings accounts). Compare your income and household size to the following income limits:

**Income Limits:**

Number in Household	1	2	3	4	5	6	7	8
<b>Income Limit</b>	\$2,365	\$3,084	\$3,548	\$4,185	\$4,613	\$5,157	\$5,551	\$5,944

**Note:** For households of 9 or more, add \$393 for each additional household member to the limit.

**Benefit Levels:** Eligible households will receive a one-time, one-month allotment of food assistance benefits.

**Verification Needed:** Individuals applying for disaster food assistance need to bring documents to prove their identity and residence in the City of \_\_\_\_\_.

TRANSMITTAL #15

## Sample Wording for a News Release

USDA TO ISSUE EMERGENCY FOOD ASSISTANCE IN \_\_\_\_\_ COUNTY.

RICHMOND – The U.S. Department of Agriculture has approved the issuance of Disaster Supplemental Nutrition Assistance benefits for hurricane victims in \_\_\_\_\_ County.

County residents can begin applying for disaster food assistance on \_\_\_\_\_ at the \_\_\_\_\_ County Department of Social Services, \_\_\_\_\_, \_\_\_\_\_. The site will be open \_\_\_\_\_ from \_\_\_\_ am until \_\_\_\_ pm. County residents who are not usually eligible for benefits may qualify temporarily if their home property or self-employment business was damaged or destroyed or if they have lost income as a result of the hurricane. Eligibility is based on available income and resources. For a family of four with an income of \_\_\_\_\_ or less, the SNAP benefit amount would be \$\_\_\_\_\_.

Those applying for help need to bring identification, which could be a driver's license, school or work ID, birth certificate or other identification. Also, proof of residency, such as utility bills or tax statements, should be brought.

County residents who are already receiving benefits will need to call the \_\_\_\_\_ Department of Social Services at \_\_\_\_\_.

State and Federal officials are committed to providing benefits to all eligible households. Fraud staff may be on-site to make sure only eligible households receive disaster benefits.

# **ATTENTION APPLICANTS**

## **BE SURE TO TELL THE TRUTH WHEN YOU APPLY FOR BENEFITS!**

- People who give false or misleading information or withhold information to receive benefits may be prosecuted or referred for an Administrative Disqualification Hearing.
- People who break the Supplemental Nutrition Assistance Program rules may be disqualified from the program, fined and/or imprisoned.
- People who get benefits they are not entitled to may be required to pay them back.
- We will check to see if you have received disaster benefits more than once. The information you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if the information you provide is accurate.

**DO NOT SELL, TRADE, OR GIVE AWAY YOUR  
Virginia EBT Card!**

## **VDSS Information Security Policy and Procedures Disaster Food Stamp System Access**

This document describes the procedures users must follow to gain access to the Disaster Supplemental Nutrition Assistance Program (D-SNAP) System when a disaster is declared within the State of Virginia and a locality opts to implement the Disaster Supplemental Nutrition Assistance Program. The Director of the Division of Benefit Programs, the Supplemental Nutrition Assistance Program Manager or the Manager of the Business Operations Unit must notify the Director of the Division of Information Systems that a disaster has been declared in the State of Virginia and there is likely interest in the Disaster Supplemental Nutrition Assistance Program. Upon notification from the Director of Information Systems, the Information Systems Security Unit will implement the procedures outlined in this Appendix.

### **Information Systems Security Unit Responsibilities**

1. Once a disaster has been declared, the Information Systems Security Unit will ensure the following areas within DIS have been notified at the direction of the Director.
  - # Network Firewall for D-SNAP access implemented by On-Call Network Security Engineer
  - # Remote Dial-up/VPN implemented by VITA/DSS Telecommunications Group
  - # URL for application implemented by Information Systems DBA Group
  - # LDAP User Administration support implemented by Web Development Staff in Public Affairs
  - # Customer Care Center Supervisor notified
2. The Information Systems Security Unit will maintain a form entitled "VDSS Disaster System Access Request Form" on the Technology Business Support Services (TBSS) website that each locality will use to gain access to the system. The URL for the TBSS website is: [http://www.localagency.dss.virginia.gov.us/tech\\_supp/index.cgi](http://www.localagency.dss.virginia.gov.us/tech_supp/index.cgi)
3. The Information Systems Security Unit will e-mail an additional form to each local department Director and Agency Security Officer when there is a disaster to request remote access or an additional EBT Issuance Profile (Profile 6), if these functions are needed. The Information Systems Security Unit will process these requests with the additional approval from the EBT Group. This additional approval will help ensure a separation of duties from normal eligibility processes when possible. These documents should be faxed to the Information Systems Security Unit at (804) 726-7891 once they have been fully completed and appropriately signed. These requests will be processed upon receipt from local departments.
4. As each form is processed, the Information Systems Security Unit will notify the User and the Agency Security Officer by e-mail each individual's User Id and password. The Information Systems Security Unit will provide each user requiring remote access instructions for downloading and installing the VPN software and the disaster.pcf file.

## Local Agency Responsibilities

- 1) The Agency Director/Designee must determine the need for D-SNAP System access, remote access, or additional issuance profiles.
- 2) Each user who will require access to the Disaster eligibility system must complete the *VDSS Disaster System Access Request Form* located on the TBSS website. The document must be completed fully and signed and dated by the User, Supervisor, and Director/Designee.
- 3) The local Security Officer must use the LDAP User Administration tool to turn on the Disaster Food Stamp Access for each individual for whom a signed access form was received. Three (3) additional locality FIPS may be turned on if directed by the Agency Director. Additional FIPS designations may be requested on the Disaster Supplemental Nutrition Assistance Program Access form at the time of implementation or in the form of an email at a later time from the local agency Director and may be used to assist other localities in a disaster. If a local worker is designated to assist another locality, then it will be the sole responsibility of the local worker's Director to direct the worker's Security Officer to turn on an additional FIPS. The local Security Officer must retain the completed request form and all related e-mails at the local level for five years.

## Disaster Closure

Upon the completion of the disaster, all disaster system accesses will be deactivated and returned to their original state in the preparation for future disasters. These accesses include:

# removal of the network access to the system	#D-SNAP LDAP User Administration availability
#deactivation of remote access	#removal of the URL to the application
#suspension of EBT issuance profiles	#passwords reset

**VDSS Security** is responsible for removing all disaster FIPS from appropriate tables. All logs, documents, and files pertaining to this disaster must be maintained for a minimum of five years.

## Helpful Information

The disaster eligibility system is accessible at <https://dssiad2.dss.virginia.gov/D-SNAP>

Questions or issues with the User ID or passwords should be directed to the Information Systems Security Unit at [security@dss.virginia.gov](mailto:security@dss.virginia.gov). All other issues or concerns while using the disaster eligibility system should be directed to the Division of Information Systems Customer Care Center at 1-800-223-8846.

COMMONWEALTH OF VIRGINIA  
 VDSS DISASTER SYSTEM ACCESS REQUEST FORM  
**DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

The following information will be used to grant access to the Disaster System. **This document must be retained at the locality for a period of five years.**

**Note: This access will be removed after the disaster period ends.**

Existing VA EBT User ID		Existing User Profile #	
User's Full Name:			
Position/Title:		Phone # with area code	
Agency/Division		FIPS:	Additional FIPS required:

**Acknowledgment:**

Inappropriate access to or use of Disaster Food Stamp System and or computer application/systems is a violation of the Department's Security Policy and may result in the Department initiating administrative and/or criminal action against the responsible party. By signing I acknowledge that the password and other access devices are my responsibility to safeguard.

User Signature	Date:
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**Approval:**

Supervisor's Signature	Date:
------------------------	-------

Director/Designee's Signature	Date:
-------------------------------	-------

**(Agency Security Officer Use Only)**

Additional FIPS	

Agency Security Officer Signature /	Date:
-------------------------------------	-------

COMMONWEALTH OF VIRGINIA  
 VDSS DISASTER PROFILE/REMOTE ACCESS REQUEST FORM  
**DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

The following information will be used to grant remote access or an additional EBT Issuance Profile for the Disaster System. **You must fax the completed form to the Security Unit at Home Office: Fax # 804-726-7891. Incomplete forms will be returned.**

**Note: This access will be removed after the disaster period ends.**

Existing VA EBT User ID		Existing User Profile #	
User's Full Name:			
Position/Title:		Phone # with area code	
Agency/Division		FIPS:	
<b>Access Authorization:</b>			
Does this user require remote access to the VDSS Disaster System?		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Does this user require EBT Issuance Profile 06 to the VDSS Disaster System?		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Acknowledgment:</b>			
Inappropriate access to or use of Disaster System and or computer application/systems is a violation of the Department's Security Policy and may result in the Department initiating administrative and/or criminal action against the responsible party. By signing I acknowledge that the password and other access devices are my responsibility to safeguard.			
User Signature		Date:	
<b>Approval:</b>			
Supervisor's Signature		Date:	
Director/Designee's Signature		Date:	
<b>(Information Security Unit Use Only)</b>			
EBT Disaster Profile assigned:			
Initial Password:			
Remote Access User ID:			
Initial Password:			
EBT Unit Signature / Date:			
Info Security Signature / Date:			
If you have questions regarding your User ID, contact the Information Security Unit at <a href="mailto:security@dss.virginia.gov">security@dss.virginia.gov</a>			
Form retained by Information Security Unit for 5 years		Created 08/08/05	rev: 10/01/09

## REMOTE ACCESS/VPN DOWNLOAD INSTRUCTIONS

Your Remote account is xxxxxx. Your password is: xxxxxx.

The remote access account is accessible through Dial-up via modem or Virtual Private Network (VPN) connection via high speed connection via cable modem.

## DIAL-UP VIA MODEM

In order to use dial-up access, the PC must be equipped with an internal or external modem.

Dial-up phone numbers:

Local 804-786-0578\*\*

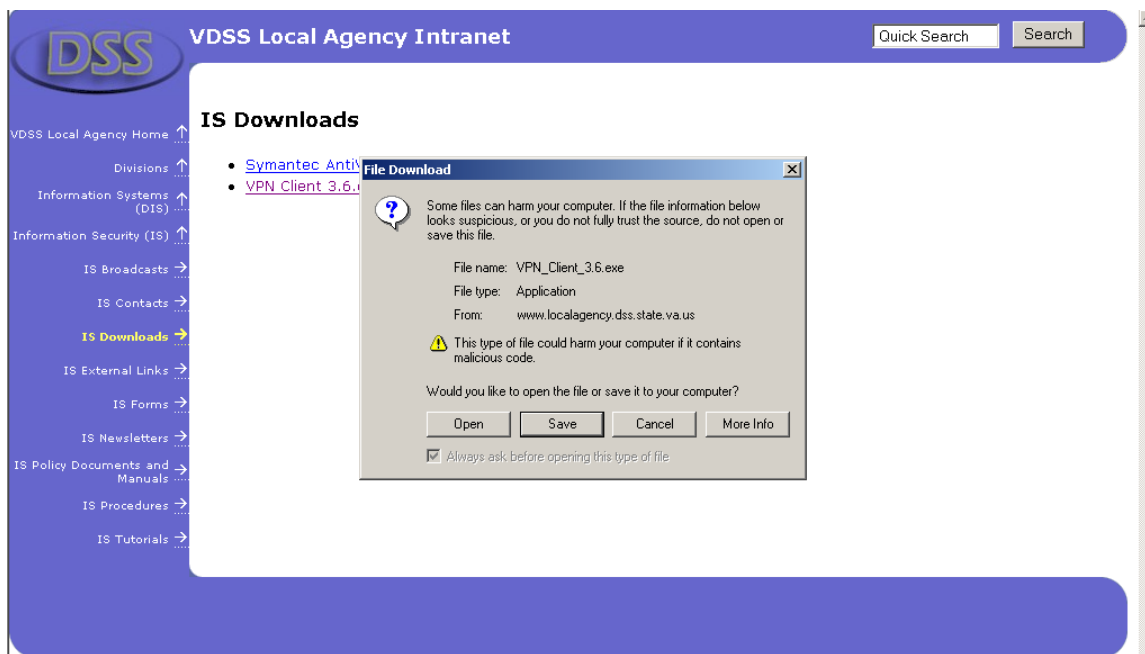
Toll Free 877-216-0122

\*\*Please use the local dial-up phone number in the local calling area.

## VPN SOFTWARE INSTALLATION

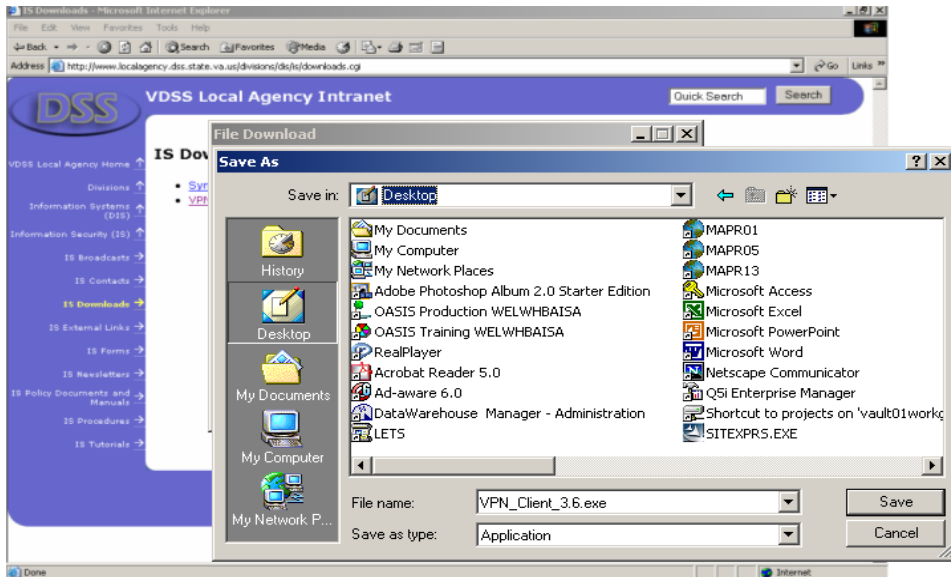
The VPN software is downloadable from the DSS network. The address is <http://www.localagency.dss.virginia.gov/divisions/dis/is/downloads.cgi>.

Access to the network is available at <https://webmail.dss.virginia.gov/vpnclients/>. Once the download is complete, place the attached disaster.pcf file in the Profiles folder of the VPN software.



Click on Save to my Computer

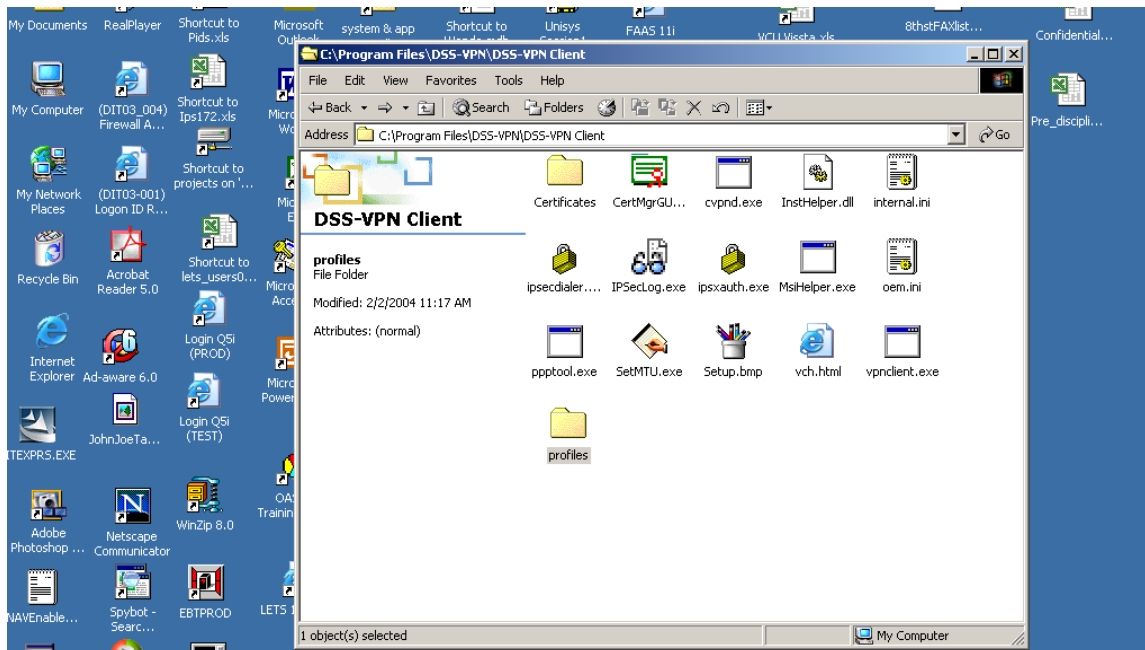




1. Click Save, Save in: Desktop, when download completes
2. Go to your Desktop. Double click on VPN\_Client 3.6.exe
3. Follow the onscreen instructions to complete installation.

Double click My Computer  
 Open: C: Local Disk  
 Open: Program Files  
 Open: DSS-VPN  
 Click on: DSS-VPN Client

Drop the attached disaster.pcf file into the Profiles folder.



If the yellow Profiles folder is not visible, access files in the following order:

My Computer

C:

Program Files

Show Files

DSS-VPN

DSS-VPN Client (This is where the Yellow "Profiles" folder should be. If it is not there, create it using the steps below.)

Click on File

Click on New

Folder

Type the name of the new folder Profiles and copy and drop the disaster.pcf file in that folder.

**D-SNAP DAILY REPORT**

Note: If additional counties are added, the formulas in Location & Program Totals will need to be adjusted.

	Date	New Apps Taken	New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
			Households	Persons	Total Benefits			Households	Persons	Total Benefits		
<b>Program TOTAL:</b>			0	0	\$0	0		0	0	\$0		\$0
<b>DISASTER LOCATION:</b>	Date	New Apps Taken	New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
			Households	Persons	Total Benefits			Households	Persons	Total Benefits		
<b>Location TOTAL:</b>		0	0	0	0			0	0	0.00		0

**FNS-292B**

Final disaster figures must be submitted on the FNS-292B Report of Supplemental Nutrition Assistance Program Benefit Issuance for Disaster Relief within 45 days of the end of a D-SNAP operation. VDSS must submit the report electronically through the Food Programs Reporting System (FPRS). The report will provide the following elements for D-SNAP operations:

- Number of Households – new households issued D-SNAP benefits
- Total Number of Persons Assisted - new persons issued D-SNAP benefits
- Number of Certified Persons - ongoing households issued supplements
- Value of Benefits Issued - total of benefits issued to new households and supplements issued to ongoing households.

The FNS-292B report should not include the value of any replacements issued.

**FNS-388**

The Monthly Issuance Report (FNS-388) will reflect disaster issuance and participation figures. This report must include replacement benefits. Replacement benefits must be reported for the month for which they are intended.

**FNS-209**

The number of claims established and collected against D-SNAP benefits must be entered in the Remarks section of the Status of Claims Against Households Report (FNS-209). These numbers must also be included in newly established claims (line 4) and collection summary (lines 14, 16 and 18(a)). D-SNAP claims must be identified on backup documentation in accounting systems for the FNS-209.

**FNS-46**

The portion of D-SNAP benefits reported in the Gross, Returns, and Net Issuance must be explained in the Remarks Section of the Issuance Reconciliation Report (FNS-46). The FNS-46 and FNS-388 must reconcile with the reported Net Issuance amount.