



OLR RESEARCH REPORT

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BACKGROUNDER: SNAP DISASTER ASSISTANCE FOLLOWING MAJOR STORMS

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The following is an explanation of the Supplemental Nutrition Assistance Program (SNAP) benefits available in Connecticut after Tropical Storm Irene and Winter Storm Alfred. This includes the federal Disaster Supplemental Nutrition Assistance Program (D-SNAP), which the Department of Social Services (DSS) administers in Connecticut. The report contrasts D-SNAP with the disaster-related benefits provided to state residents already receiving regular SNAP benefits.

TROPICAL STORM IRENE AND WINTER STORM ALFRED-RELATED SNAP

The federal government, through DSS, provided three different disaster benefits this fall related to food and other non-reimbursable losses resulting from Tropical Storm Irene and Winter Storm Alfred. Following Irene, DSS administered (1) across-the-board and individual assistance to current SNAP recipients and (2) D-SNAP benefits to individuals who were not eligible for or receiving SNAP at the time. Following Winter Storm Alfred, DSS provided current SNAP recipients with replacement benefits.

Irene-Related Assistance

Current SNAP Enrollees. After Tropical Storm Irene struck, DSS began administering an across-the-board replacement benefit to anyone enrolled in the SNAP program on August 28, 2011 (the date Irene hit the state). This replacement benefit equaled 25% of the SNAP benefit paid in

August to the SNAP household. Clients did not have to apply for that benefit; the federal government automatically awarded the money, which was added to SNAP clients' electronic benefit transfer (EBT) accounts. (SNAP benefits can be used only to purchase [certain](#) food items.) SNAP clients could also apply for supplemental assistance if the value of their spoiled food items was more than 25% of their household's August SNAP benefit. The replacement benefits and supplemental assistance combined could not exceed the amount of SNAP the household received in August 2011.

Households had to follow a two-step application process to receive the supplemental assistance. This included (1) reporting the loss to the 211-Infoline by September 19, 2011 and (2) filling out a SNAP replacement form within 10 days of reporting the loss.

Disaster Supplemental Nutrition Assistance Program (D-SNAP).

The second Irene-related benefit was the D-SNAP, which the federal government awarded to the state for the first time. DSS workers distributed these benefits in the form of a SNAP EBT debit card to individuals and families who experienced losses related to Irene. As with regular SNAP benefits, the D-SNAP benefit could be used only to purchase food items, even if the loss was for something other than food. To qualify, an applicant had to fill out and sign a two-page form (attached) attesting to having storm-related losses.

An applicant had to show that his or her household's combined anticipated monthly income and available assets, minus eligible disaster-related expenses for the period between August 27 and September 25, did not exceed certain thresholds. (In lieu of having to itemize the losses, DSS received permission from the USDA to apply a standard deduction (Disaster Standard Expense Deduction), which was reflected in the thresholds.) The amount of the benefit was based solely on the size of the household. Table 1 shows these thresholds and benefits.

Table 1: D-SNAP Financial Eligibility and One-Time Benefit Levels for Connecticut Residents

Household Size	Disaster Gross Monthly Combined Income and Asset Limit (includes expense deduction)	Benefit Awarded
1	\$2,186	\$200
2	2,847	367
3	3,272	526
4	3,859	668
5	4,254	793
6	4,753	952
7	5,116	1,052
8	5,479	1,202

Source: DSS and USDA

An applicant also had to meet certain nonfinancial criteria, all of which was indicated on the application. These included:

1. having lived or worked in the disaster area at the time Irene hit;
2. planning on purchasing food during the benefit period; and
3. having experienced at least one of the following adverse effects:
 - a. food damaged by a disaster event or spoiled due to a power outage;
 - b. damage to or destruction of the household's home or self-employment business;
 - c. disaster-related expenses not expected to be reimbursed during the benefit period (e.g., home or business repairs, temporary shelter expenses, evacuation expenses); or
 - d. lost or inaccessible income or inaccessible liquid resource (e.g., bank closed during disaster).

Winter Storm Alfred Replacement SNAP for Current Recipients

As it did for Tropical Storm Irene, the federal government approved an across-the-board food replacement benefit for individuals already receiving SNAP benefits when Winter Storm Alfred caused major power outages resulting in food spoilage. The benefit was 15% of a household's October 2011 SNAP allotment. The federal government also approved a supplemental replacement amount for individuals who lost more than 15% of their October SNAP benefit.

According to DSS, no D-SNAP was available after this storm because the federal government did not declare a major federal disaster that included individual assistance.

Attachment 1

W-799 (Rev. 9/10)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES

For Office Use Only			
Card #: _____	Application Date: _____	Benefit Amount: \$ _____	
Disaster Authorization Period: Begin: _____	End: _____	Household Size: _____	

APPLICATION FOR THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

Complete this application truthfully and to the best of your knowledge. If your household refuses to give any requested information, D-SNAP will not be granted. You must give proof of your identity when you are interviewed. You may have to prove any questionable expenses. You can give permission for someone else to apply for help or help you get and use your D-SNAP.

<i>Head of Household</i> _____	<i>Telephone Number Where You Can Be Reached</i> Permanent: _____ Temporary: _____
<i>Permanent Home Address</i> Street: _____ City: _____	<i>Temporary Address</i> Street: _____ City: _____

PART A - HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME

List the people in your household, including yourself. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD. List each household member's Social Security number and date of birth. List the source and amount of take home pay as well as any other income that is or will be received by your household while the emergency program is running. The Social Security number is not required by law but is helpful to identify your household members and to make sure they are eligible for D-SNAP. It may be used for computer matching program reviews or audits.

HOUSEHOLD MEMBERS					INCOME	
Name	Social Security No.	Birth Date	Are you Hispanic or Latino?	Racial Origin Code(s)*	Source/Type	Amount

*Racial Origin Code(s): A = Asian B = Black or African Descent C = White
 (Enter a letter for all that apply.) N = Native American or Alaska Native P = Native Hawaiian or Other Pacific Islander

PART B - HOUSEHOLD SITUATION

Do you get cash assistance from the Department of Social Services? Yes No

Was your household living in the disaster area at the time of the disaster? Yes No

If you answered yes to the above question, please initial the statements that apply to your household situation:

- ___ The disaster damaged or destroyed my home or self-employment property.
- ___ The disaster delayed, reduced or stopped my household's income.
- ___ My household has money in the bank that I cannot access because of the disaster.
- ___ My household has additional expenses as a result of the disaster.
- ___ My household will be buying food during the D-SNAP assistance period.
- ___ My household currently receives SNAP assistance in _____ (Town).
- ___ My food valued at \$ _____, was destroyed in the disaster.
- ___ My EBT card was destroyed or is inaccessible due to the disaster.

Attachment 1 (continued)

PART C - HOUSEHOLD ASSETS AND EXPENSES

List all cash your household will be able to get to during this disaster. List the disaster-caused expenses that your household paid or expects to pay during this disaster. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.** Do not write in the shaded area.

ASSETS	AMOUNT	ELIGIBILITY COMPUTATION	
Cash on Hand		1. Total Anticipated Income	\$ _____
Checking Accounts		2. Total Accessible Cash Assets	\$ _____
Savings Accounts		3. Add #1 and #2	\$ _____
EXPENSES	AMOUNT	4. Total Disaster Expenses	\$ _____
Food destroyed in disaster		5. Subtract #4 from #3	\$ _____
Dependent care due to disaster		6. Maximum Gross Income Limit	\$ _____
Funeral/medical expenses due to disaster			
Moving and storage costs due to disaster		7. Eligible: #5 is less than or equal to #6	_____
Temporary shelter expenses		8. Ineligible: #5 is greater than #6	_____
Cost to protect property during disaster			
Cost to repair or replace items for home or self-employment property			
Other disaster-related expenses			

PART D - PENALTY WARNING

If your household gets D-SNAP, it must follow the rules listed below. We may choose your household for a Federal or State review some time after you receive your D-SNAP benefits to make sure you were eligible for disaster aid.

DO NOT give false information or hide information to get or to continue to get D-SNAP.

DO NOT give or sell D-SNAP benefits or authorization documents to anyone not authorized to use them.

DO NOT alter any D-SNAP benefits or authorization document to get D-SNAP when you are not eligible.

DO NOT use D-SNAP benefits to buy unauthorized items such as alcohol or tobacco.

DO NOT use another household's D-SNAP benefits or authorization document for your household.

PART E - CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a hearing.

 APPLICANT, AUTHORIZED REPRESENTATIVE OR WITNESS (if signed with an X)

 DATE

 WORKER NAME

 SIGNATURE

 DATE

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS. PHONE (800) 842-1508 OR TDD/TTY (800) 842-4524.