

STATE OF NEVADA  
DIVISION OF SOCIAL SERVICES  
DISASTER SUPPLEMENTAL NUTRITION  
ASSISTANCE PROGRAM (D-SNAP)  
RESPONSE PLAN

Effective October 1, 2025

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## ROLES AND RESPONSIBILITIES

The State of Nevada Division of Emergency Management has ultimate responsibility for disaster coordination. When the Governor has proclaimed a State of Emergency, the Chief of the Division of Emergency Management (NDEM) will activate the State Emergency Operations Center (SEOC). If the need for Emergency Support Function (ESF) 8-2 (Public Health and Medical Services); or the Recovery Support Function (RSF 3 Health and Social) support has been identified, the NDEM Chief or designee (lead for the respective ESF/RSF) will notify the DSS Administrator or designee (DSS disaster coordinator) to coordinate appropriate DSS response into the affected areas(s). DSS may also be tasked to send “Agency Representatives” to the SEOC and/or county/city Emergency Operations Centers (EOCs) to make accelerated determinations of extraordinary administration of public Social Services programs including D-SNAP, upon Presidential proclamation (with individual assistance), for the affected population.

DSS will take actions to identify requirements and mobilize/deploy resources to affected disaster areas, as circumstances require, in order to implement the D-SNAP. These resources may range from a single individual to a DSS facility in the immediate area of the emergency to the activation of one or more Regional Response Teams from other counties/facilities.

If the NDEM requests representation from DSS at the State Emergency Operations Center (SEOC), the DSS Disaster Response Coordinator will assume the role of State Disaster Coordinator and report to the SEOC. If DSS representation is requested at the county level, a Regional Response Team Coordinator will report to the county EOC to coordinate the eligibility determinations. The NDEM maintains a list of contacts for all county, city, and tribal agencies. Below is the list of the DSS Disaster Contact List and USDA/FNS Contact list:

Primary Contact Name	Title/D-SNAP Function	Primary Contact Number	Secondary Contact
Brett D. Compston	Nevada’s Emergency Manager/Homeland Security Chief	Cell: (775) 220-8211 Email: <a href="mailto:b.compston@dem.nv.gov">b.compston@dem.nv.gov</a>	(775) 687-0301
Vanessa Justice	DSS SNAP Outreach Manager	(775) 824-7425 Email: <a href="mailto:vjustice@dss.nv.gov">vjustice@dss.nv.gov</a>	(775) 515-5850
Sheri Gallucci	DSS Social Services Chief I	(775) 684-0608 Email: <a href="mailto:sgallucci@dss.nv.gov">sgallucci@dss.nv.gov</a>	(775) 240-8037
Brady Ballentine-Muchicko	DSS Program Specialist – SNAP & EBT Coordinator	(775) 684-8782 Email: <a href="mailto:bmuchicko@dss.nv.gov">bmuchicko@dss.nv.gov</a>	
Kristle Muessle	DSS Public Information Officer	(702) 631-2326 Email: <a href="mailto:kmuessle@dss.nv.gov">kmuessle@dss.nv.gov</a>	
Robert Thompson	DSS Administrator	(775) 684-0504 Email: <a href="mailto:rthompson@dss.nv.gov">rthompson@dss.nv.gov</a>	(702) 219-5040

Jason Lewis	DSS Investigations and Recovery Chief	(775) 684-0559 Email: lewisja@dss.nv.gov	
Charles Tobin	Regional Program Director	(415) 645-1927 Email: charles.tobin@usda.gov	
Scott Jennings	SNAP Regional Disaster Coordinator (RDC)	(415) 365-4538 Email: scott.jennings@usda.gov	C: (415)269-1966
Cindy Houston	Alternate SNAP Regional Disaster Coordinator (RDC)	(415) 645-1922 Email: cynthia.houston@usda.gov	

## READINESS PLAN

### Staffing & Resources

Coordination and communication between the Administrator, Regional Disaster Response Coordinator and the Team Leaders is necessary for an effective response to any disaster. These procedures will identify the appropriate steps to be taken when a request for activation of the DSS Disaster Response Team has been approved. The Regional Disaster Response Teams include Social Services Manager I, and coordinates resources with the Outreach Social Services Manager IV. Also included in the teams are Family Services Supervisors, Family Services Specialists, and clerical staff. Each member of the disaster team has been issued a laptop computer with wireless access. This allows for direct access to the NOMADS/AMPS eligibility system for immediate processing of disaster benefits on site. In addition, each team has been provided with a "working office" set up including such items as checklists, tapes, pens, pencils, application forms and report templates. A list of the DSS Outreach Team described above is listed below. Staff are all trained through the daily work they conduct at assigned sites other than DSS offices and the events they participate in.

**Targeted Outreach Partnerships (TOP)**

**SSM IV: Alexis Ochoa**

AAII to SSMIV - Alarcon, Daisy

AAIV - Hristis, Jaime

AAI

1. De La Cruz, Liera 2. Edward, Prisha 3. Graves, Erin 4. Hernandez, Mayra 5. Young, Lexi

**Southern FS SUP I**  
Bella, Allison

**Southern FS SUP I**  
Freeman, Carlea

**Southern FS SUP I**  
O’Neal, Julianna

**Northern FS SUP I**  
Hennessey, Amanda

**Northern FS SUP I**  
White, Kathleen

Northern FSS

1. Bhakta, Bhawika
2. Leininger, Leticia
3. Riggs, Stephanie

Southern FSS

1. DeGruy, Chyree
2. Grove, Kathryn
3. Howard, Breyon
4. Howard, Taylor
5. Jacobo Amanda
6. Landeros, Karla
7. Molidor, Jennifer
8. Noori, Cheryl
9. Roberson, Kimberly
10. Sconyers, Jasmine

Northern FSS

1. Dumo, Jhego
2. Jauregui, Richard

Southern FSS

1. Beavers, Felicia
2. Duran, Deanna
3. Fearington-Burnley, Natasha
4. Matautia, Imogene
5. Medina, Yolanda
6. Tamayo, Prexy
7. Turner, Britney

Homeless to Housing

1. AAIV- Bagolor, Abigail
2. AAII- Farris, Gregory
3. AAI- VACANT

Northern FSS III Lead

1. Bradburn, Keith

Southern FSS III Lead

2. VACANT

Northern FSS

1. Baragno, Jennifer
2. Kolbe, Kathryn (Katie)

Southern FSS

1. Bowser, Tonya
2. Davis, Yarshica
3. Drake, Arlene
4. Flores, Alfonso
5. Garcia, Angelica
6. Garcia-Rodriguez, Jennife
7. Hernandez, Daniel
8. Moo, Amy
9. Thompson, Paula
10. Stites, Shayna
11. Stockdale, Sarah

12. Robinson, Debbie  
(Governor’s office)

Northern FSS

1. Ayala, Nancy
2. Coleman, Rosalind
3. Rivas, Antonio
4. Stolle, Danielle
5. Taylor, Maree

Southern FSS

1. Bollettino, Candice
2. Goldsborough, Robbyn
3. Gonzales, Alesia
4. Murawski, Elizabeth
5. Snoreen, Angela
6. Trueluck, Sophia

Northern FSS

1. Kaspar, Jim
2. Nickless, Kevin
3. Ohlsen, Ralph
4. Posada, Elizabeth
5. Zemke, Richard

Southern FSS

1. Chang, Kerry
2. Lawrence, Syrona
3. Raleigh, Nancy

Yoder, Michael (WDU)

BLENDED

1. Moore, Chandra – Supervisor Alina Persi (S)
  2. Lo, Jay- Supervisor Brenda Michael (S)
  3. Wells, Karen- Supervisor Alina Persi (S)
  4. Carbajal, Mary- Supervisor Brenda Michael (S)
  5. Heath, Laurie- Supervisor Alina Persi (N)
- 
4. Courtney McRae -WDU Northern, Not Elig blended staff
  5. Tabitha Scott- RFW WSRIV
  6. Angela McCoy- RFW WSRIV

Call out for response team members will be initiated by the Regional Response Coordinator.

- Dependent on the nature of the response needed, the Regional Coordinator may identify the appropriate regional team members to respond. The Regional Coordinator may also enlist the assistance of Team Leaders in identifying appropriate team members.
- Team Leaders may assist in the call out of response team members as identified by the Regional Coordinator and/or Team Leaders involved in the initial planning process mentioned above.

- In the event that a large number of responders are required, the identification and call out of regional team members will be delegated to several Regional Team Leaders by the Regional Coordinator.
- Regional Team Leaders will meet with the Regional Coordinator to develop a call out and response strategy.
- Call out of team member responders will be divided by a systematic means. Examples: alphabetically, by agency, according to relevant training and expertise.
- Call out strategy will be revisited by participating Team Leaders and the Regional Coordinator as deemed necessary during an intensive or ongoing response.

### **Application System Development**

The existing NOMADS/AMPS eligibility system will be used to process requests for disaster benefits including D-SNAP benefits from established agency disaster application forms. System coding will be temporarily updated to differentiate between normal SNAP benefits and those benefits issued as disaster benefits. This will include adjustments for disaster policy and allotment levels. Several of these updates already exist in the NOMADS/AMPS system due to disaster benefits issued to victims of Hurricane Katrina which can be reactivated when needed.

### **Issuance System Development**

Disaster benefits will be issued by the current EBT contractor under current issuance procedures. Application, determination, and issuance over the counter can occur on the same day using existing systems. Unless extraordinary circumstances exist, benefit issuance information will be transmitted daily to the contractor as normal, allowing for next-day access to disaster benefits. This process is done in a centralized area with back up processes in place at the state IT facility.

### **EBT Card Stock**

Reserve EBT cards are maintained in all the local offices and administrative offices in both Northern and Southern Nevada. Current stock will be utilized for disaster purposes and will be audited under existing EBT auditing policy. Each regional disaster team includes an administrative assistant who will have the responsibility for immediately issuing EBT cards separate from the certification process. On-hand EBT card stock is maintained at 30,000. Overnight replacement orders can be made from the vendor in the event on-hand card stock is depleted.

## Application Sites

Existing local offices will be utilized whenever possible as application sites. If the use of the local office is not feasible, staff will provide services at the location designated by the State of Nevada Division of Emergency Management who has ultimate responsibility for disaster coordination. Existing members of the Office-in-a-box outreach team will be called up first to co-locate as needed, especially in designated Disaster Recovery Centers. Whether D-SNAP is executed at local offices or at off-site locations, SNAP and D-SNAP run concurrently in the same task-based universal caseload model implemented in Nevada. Since the SNAP caseload is shared statewide, applicants for D-SNAP can be looked up in the NOMADS/AMPS system and screened for existing SNAP benefits. These applicants would then be reminded of their current benefit and evaluated for supplemental benefit per program rules separately from applicants who are eligible for D-SNAP. The statewide shared caseload model reduces the potential for duplicate benefits.

## Data

The NDEM has primary responsibility for this information. If state level response assistance/coordination is required, the SEOC will normally be activated. The magnitude of the emergency will dictate the organization of the SEOC. State agencies assigned Emergency Support Functions (ESF) “Primary Agency”, or “Support Agency” responsibilities will coordinate appropriate emergency response operations. The designated Primary Agency acting as the State Executive Agent, with the assistance of one or more Support Agencies, is responsible for managing the activities of the ESF and ensuring that tasked missions are accomplished. Agencies have the authority to execute response operations in direct support of the local government. Primary Agencies may coordinate directly with their functional counterpart at the local county/city level. Requests for assistance will be channeled from city government through county government to the Governor via NDEM. Based on local government’s identified requirements, appropriate state response assistance will be provided. Primary Agencies will use the ESF Annexes of the SCEMP State Response Module as a basis for developing Standard Operating Procedures (SOPs) to support response activities. The NDEM website will provide information regarding resources to identify affected areas and information on where to obtain additional resources. The website is accessible here <https://dem.nv.gov>

Support Agencies will assist the Primary Agencies in preparing and maintaining SOPs for the ESF Annexes as well as providing support for ESF operations.

Each support Agency will:

- Designate a primary staff member and two additional alternates who will be responsible for coordination with the Primary Agency for all actions related to the SCEMP.
- Participate in the process of exercising, reviewing, maintaining and implementing the SCEMP.
- Be prepared to provide representatives to the SEOC and/or other operational locations.

# IMPLEMENTATION PLAN

## Public Information and Outreach

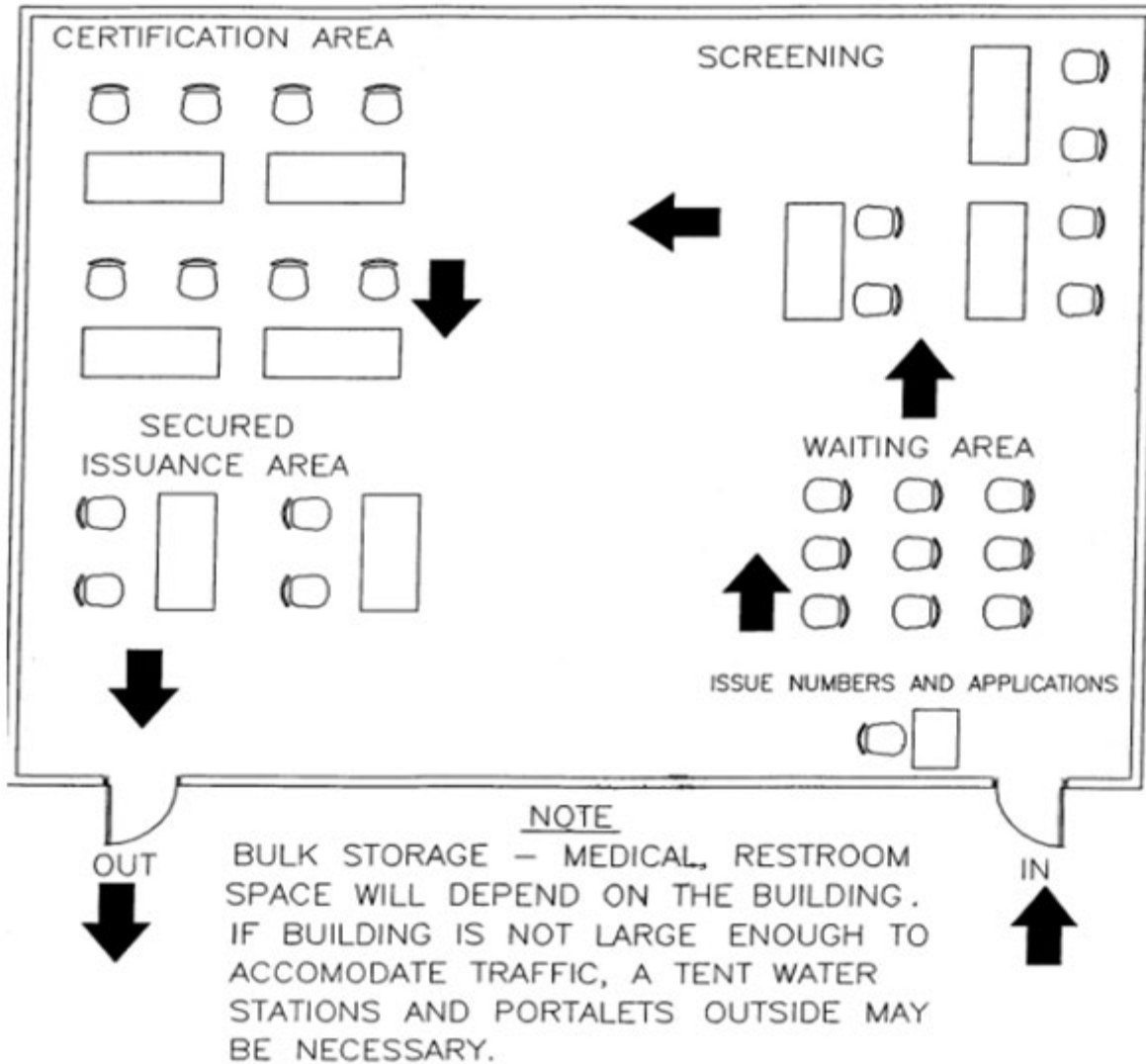
The State of Nevada Division of Emergency Management will coordinate all emergency information and instructions to the public, making official releases to the news media and social media platforms, using reverse 9-1-1 calling, and scheduling press conferences.

The DSS Administrator or designee will supply the appropriate information regarding the administration of D-SNAP to the DEM for dissemination to the public. The Administrator will also provide information on waivers requested to and authorized by FNS for individuals impacted by the disaster. These waivers can either be used in place of D-SNAP or in addition to the program, depending on necessity. The same information will also be provided to the State 2-1-1 coordinator. Nevada 2-1-1 frequently partners with Nevada Division of Emergency Management for non-emergency resource calls, helping to reduce unnecessary 9-1-1 call volume.

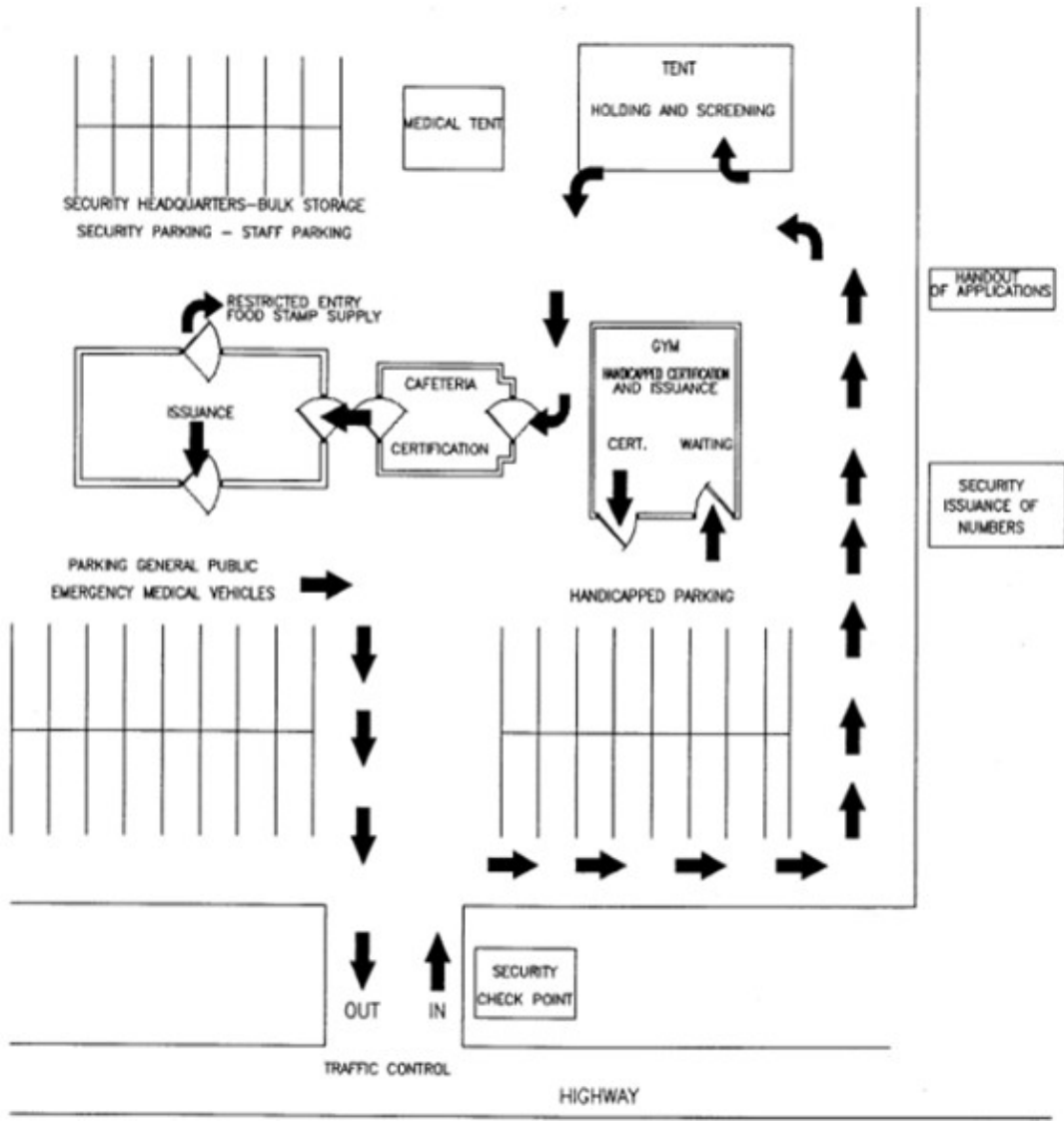
Existing Outreach Plan partners (including DSS staff and non-profit sub-grantees) will be approached by the Outreach Coordinator to determine what role they will play based on the location and type of disaster. This will vary due to the physical location and level of outreach participation. Outreach partners involved in the current Demonstration Project may be used to conduct face-to-face interviews thus freeing DSS staff to concentrate on the actual processing of benefits. The DSS will model service delivery using the Site Flowcharts in the D-SNAP guidance Toolkit:

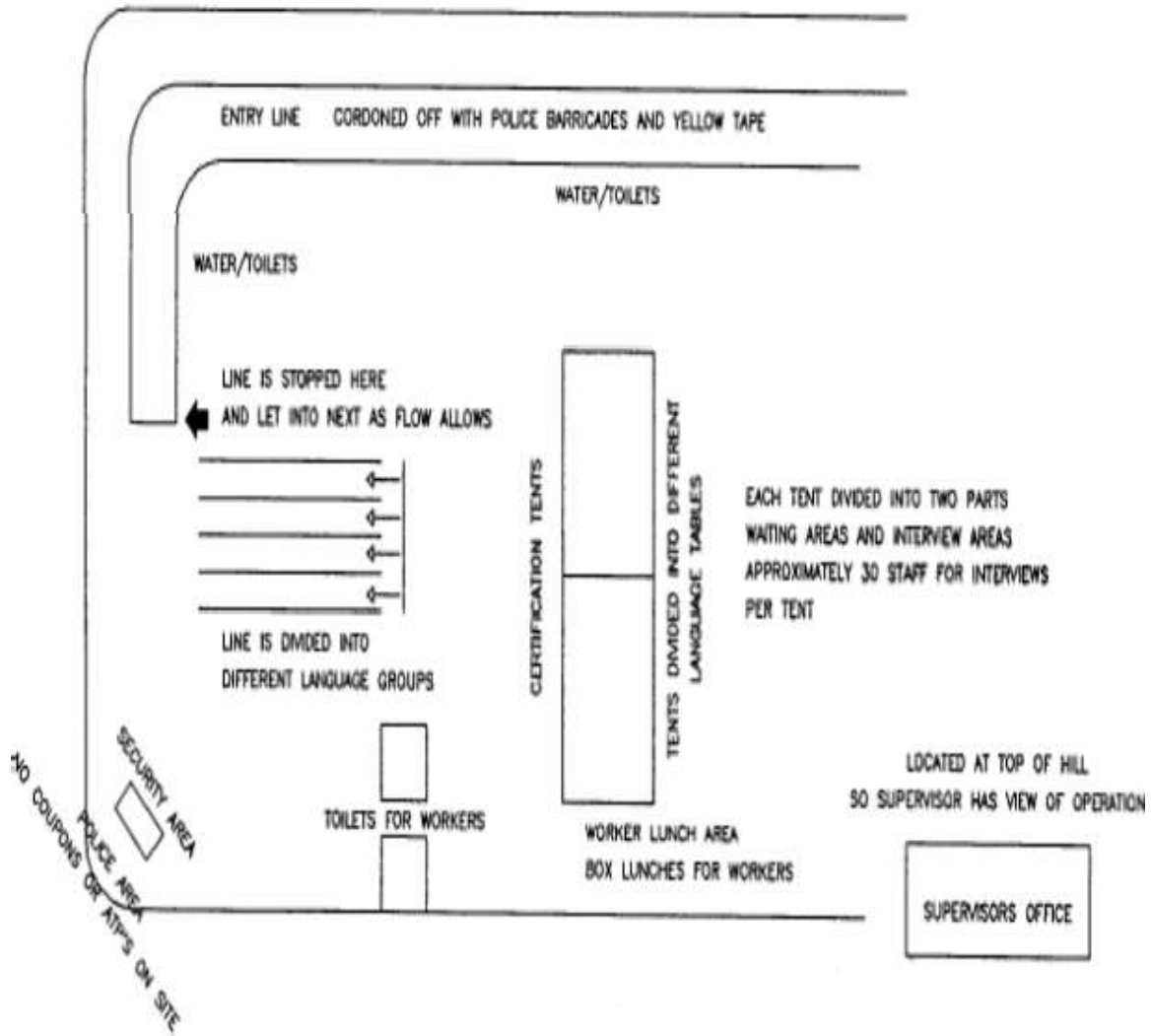
## 4.5 Site Flowcharts

### General



# Multi-building





Basic Outreach Partners can assist in the waiting area performing application assistance. Demonstration Project Partners can be integrated at screening. Eligibility workers deployed from DSS will operate the certification area, with EBT issuers deployed by DSS staffing the secured issuance area. Community volunteers are typically organized by Nevada Public Health Preparedness staff and assigned as needed to assist primarily with crowd/line management as needed, this could include monitoring points of exit, handing out applications, and numbers in line.

### **Retailer Communication**

Communication between the DSS and retailers will be handled by the agency's EBT coordinator. This position is currently located in the Eligibility and Payments Unit. Information provided to the retailers will include the time frame of the D-SNAP benefit period and any D-SNAP waivers requested including the allowance of hot food purchases, the notice to expand the D-SNAP Disaster area, and timely household reporting of food loss.

### **Procedures to Reduce Applicant Hardship**

DSS will work with NDEM to determine the best method to set up and provide services. If DSS is able to co-locate at the Disaster Recovery Center, DSS will use the checklists provided in the D-SNAP guidance, along with guidance to NDEM ensure facility security, accessibility, and human needs. DSS will also work with NDEM to ensure that the safety and comfort of the elderly and disabled is addressed appropriately. The DSS will use existing contractors for telephonic translation services and bilingual staff for language services.

### **Certification Process**

The DSS will model service delivery using the Site Flowcharts in the D-SNAP guidance (available above under "Implementation section"). Basic Outreach Partners can assist in the waiting area performing application assistance. Demonstration Project Partners can be integrated at screening. Eligibility workers deployed from DSS will operate the certification area, with EBT issuers deployed by DSS staffing the secured issuance area. Community volunteers are typically organized by Nevada Public Health Preparedness staff and assigned as needed to assist primarily with crowd/line management as needed, this could include monitoring points of entry/exit, handing out applications, and numbers in line. The DSS will use the below D-SNAP Site Review Checklist from the D-SNAP Guidance (section 6.2) to determine appropriateness of potential application sites beyond regular offices.

**D-SNAP Site Review Checklist**

Date: \_\_\_\_\_ State/Location: \_\_\_\_\_

Site Manager: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**There is a lot of flexibility in how to set up a disaster site. Some items answered as “No” are not necessarily problems. The reviewers should not discuss their observations with local staff but direct any apparent problems or concerns to FNS Regional, FO or National Office SNAP Staff. *(Include any Region-specific instructions for completion)***

**D-SNAP APPLICATION SITE REVIEW CHECKLIST  
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

Date: \_\_\_\_\_ State/Location: \_\_\_\_\_

Site Manager: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**There is a lot of flexibility in how to set-up a disaster site. Some items answered as “No” are not necessarily problems. The reviewer should not discuss their observations with local staff but direct any apparent problems or concerns to FNS Regional, FO or National Office SNAP Staff. (Include any Region-specific instructions for completion)**

	Review Areas	Observed			Comments
		Yes	No	N/A	
1	<b>PHYSICAL ADEQUACY OF SITE</b> Observation of area outside of the building appears to be in order (signage, security, etc).				
2	Building is elderly and wheelchair accessible.				
3	Parking is adequate.				
4	Located within close proximity of the affected community.				
5	Public transportation is within close proximity to the site.				
6	Site is large enough to serve applicants.				
7	Place to complete application is protected from the elements.				
8	Separate location/room with seating to service the elderly/disabled.				
9	Adequate power (electricity, generator)				
10	Site has air conditioning/heat, chairs, restrooms, drinking water, snacks, etc.				
11	Bathrooms are wheelchair accessible.				
12	<b>CERTIFICATION PROCESS</b> Location has writing surfaces – tables +/- clipboards.				
13	Designated staff/volunteers are available to answer questions, spot language issues, and help complete application if applicant cannot read or write.				
14	Number of workers processing benefits appears reasonable.				

**D-SNAP APPLICATION SITE REVIEW CHECKLIST**  
**DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

	Review Areas	Observed			Comments
		Yes	No	N/A	
15	Signs are posted with basic information on completing the application, required verification, hrs of operation, etc.				
16	Applicants are being screened to check: <input type="checkbox"/> If the application is complete <input type="checkbox"/> If the applicant has required verification <input type="checkbox"/> For duplicate or on-going participation (volunteers cannot check for duplicate participation)				
17	Applicants are being allowed to drop off applications.				
18	Average waiting time to be served appears reasonable				
19	Type of system used to serve the public (numbers, etc) appears reasonable.				
20	Interview area is set-up to protect applicants' privacy to the extent feasible.				
21	System is in place to provide consistent policy guidance: e.g. a hotline to answer policy questions or a policy Q&A session is conducted daily before the start of operations.				
22	A plan is in place to conduct on-site reviews of denied applications: <input type="checkbox"/> On-site supervisory reviews are being conducted for denied applicants <input type="checkbox"/> Eligibility workers are notifying applicants of the right to a review				
23	Program materials are available for public on: <input type="checkbox"/> Eligible SNAP purchase items <input type="checkbox"/> How to use an EBT card <input type="checkbox"/> Unusual policies not used in the regular program				
24	Card inventory is conducted on-site: <input type="checkbox"/> Beginning and ending inventory <input type="checkbox"/> New cards received <input type="checkbox"/> Total cards available <input type="checkbox"/> Cards issued				

**D-SNAP APPLICATION SITE REVIEW CHECKLIST  
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

	Review Areas	Observed			Comments
		Yes	No	N/A	
25	<p><b>LANGUAGE ISSUES</b></p> <p>Staff/volunteers are on hand to assist with language services.</p>				
26	<p><b><i>ISSUANCE SITE CONTROLS</i></b></p> <p>Required Application/Issuance site controls</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inputting information on all household into the system, including denied applications</li> <li><input type="checkbox"/> Checking household size: Asking applicant for names and dates of births of all household members. Asking applicant to repeat information later</li> <li><input type="checkbox"/> Checking for duplicate participation using onsite/offsite databases or participant lists</li> <li><input type="checkbox"/> Updating database or hardcopy participant list daily</li> <li><input type="checkbox"/> Referring clients without required verification or with inconsistent information to onsite investigators or highly experienced staff</li> <li><input type="checkbox"/> Special procedures for handling State agency employee applications</li> </ul> <p>Optional Controls:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asking name &amp; birth date at start of screening; asking to repeat information later</li> <li><input type="checkbox"/> Delaying issuance of EBT cards to allow some verification and/or cross-checking for those with questionable applications</li> </ul>				
27	<p>Personnel present to provide security &amp; crowd control:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> local/State police</li> <li><input type="checkbox"/> Security guards</li> </ul>				

**D-SNAP APPLICATION SITE REVIEW CHECKLIST  
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

	Review Areas	Observed			Comments
		Yes	No	N/A	
28	<p><b>STAFF</b></p> <p>The following were identified:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Site manager(s)</li> <li><input type="checkbox"/> Assistant site manager(s)</li> <li><input type="checkbox"/> Supervisors</li> <li><input type="checkbox"/> Eligibility workers</li> <li><input type="checkbox"/> Bi-lingual eligibility workers</li> <li><input type="checkbox"/> Anti-fraud staff</li> <li><input type="checkbox"/> Issuance workers</li> <li><input type="checkbox"/> Application screeners</li> <li><input type="checkbox"/> Troubleshooters</li> <li><input type="checkbox"/> On-site reviewers</li> <li><input type="checkbox"/> Volunteers</li> <li><input type="checkbox"/> Medical staff</li> </ul>				
29	<p><b>WIC</b></p> <p>Program materials are available to people requesting WIC information. List types.</p>				
30	<p><b>MISCELLANEOUS</b></p> <p>Other relief organizations are on site (except FEMA).</p>				

Whenever possible, the DSS will coordinate with ESF 6 (Mass Care) at the SEOC as early as possible to ensure smooth transition from shelter to Disaster Recovery Center (FEMA DRC), as a potential application site.

## **APPLICATION PROCESS**

### **A. FILING AN APPLICATION**

Requests for Disaster Supplemental Nutrition Assistance Program (D-SNAP) applications may be made verbally, in writing, in person or through another individual. An application must be given to or mailed to the household the same day the request is received. Any responsible adult household member knowledgeable of the household's circumstances may apply and be interviewed. All households applying must submit an application including, at a minimum, the applicant's name, address, and signature. Clients must be advised of this right. The date of the application is the date an application is received, and date stamped in the SNAP office or designated area.

### **B. AUTHORIZED REPRESENTATIVE**

When it is impossible for a household member to apply, a responsible adult, 18 years or older, may be designated in writing as an authorized representative and may sign the application and act on behalf of the household. There is no limit on the number of households an authorized representative may represent. Verify the identification of an authorized representative. Sources of verification include but are not limited to driver's license, insurance card, etc. A household member should prepare or review the application even though the authorized representative is interviewed. The household will be held liable for any over-issuances resulting from erroneous information.

### **EXCEPTIONS TO AUTHORIZED REPRESENTATIVES**

1. Retailers or Employees of the Division of Social Services (DSS) authorized to process EBT food purchases or employees of the DSS may not be authorized representatives.

2. Individuals Disqualified for Intentional Program Violation (IPV) individuals disqualified for IPV may not be authorized representatives during the period of disqualification, unless the disqualified person is the only adult living with the household, and no one else is available to act as authorized representative.

#### C. INTERVIEW PROCESS

Interviews are mandatory for all applicants or authorized representatives. Applicants may bring anyone they choose to the interview. During all interviews, the applicants or authorized representatives must be informed of their rights and obligations, and other basic program procedures. The interviewer shall advise households of the disposition of their application, their rights, and responsibilities, when their certification period for emergency assistance ends, the civil and criminal provisions and penalties for violations of the Food Stamp Act, the fact the household may be subject to a post-disaster review and the ongoing Supplemental Nutrition Assistance Program. The Family Services Specialist (FSS) shall inform each household of the proper use of SNAP benefits.

#### D. CLIENT COOPERATION

All clients are required to be interviewed and furnish information and/or documentation necessary to establish eligibility for SNAP benefits. If a household refuses to cooperate with the DSS office by not being interviewed or supplying information, the case will be denied or terminated at the time of refusal.

#### E. TIME FRAMES FOR PROCESSING AND CERTIFICATION

Applications will be processed the same day as they are received, unless restrictions such as curfews make this impossible. In these situations, applications must be processed the following day. Eligible households will be certified for one issuance cycle at a time.

#### F. ELIGIBILITY

The household must have experienced at least one of the following adverse effects to be eligible for D-SNAP assistance:

1. Expenses for damage repair to the home or other property essential to the household's employment or self-employment.
2. Expenses for temporary shelter costs if the household's home is uninhabitable or unreachable.
3. Expenses for moving out of an area evacuated due to disaster.
4. Expenses related to protecting a home or business from the effects

of a disaster.

5. Expenses due to a disaster-related personal injury, including funeral and burial expenses, should a household member die as a result of a disaster.
6. Loss or inaccessibility (reduction, termination, or significant delay) of income due to the disaster.
7. Inaccessibility of cash resources due to the disaster that is expected to last through most of the certification period.

#### G. INCOME AND CASH LIMIT

The household's available net income received or expected to be received during the certification period, plus available cash resources (includes checking and savings) minus disaster-caused expenses, which are paid or will be paid during the period, must be less than or equal to the maximum monthly disaster-income limits for the household size. This does not include IRA accounts received or expected to be received during the benefits period. Payments from federal, state, or local governments will be supplied to field offices by Carson City Administrative Office when the D-SNAP is implemented. If the household has received or reasonably anticipates receiving a reimbursement for all or part of the expense during the disaster certification period, only the net expense to the household would be deductible.

#### H. PURCHASE AND PREPARATION OF MEALS

The household must be purchasing food and preparing meals during the disaster certification period.

#### I. RESIDENCE

The household must have resided within the geographical areas authorized for the D-SNAP at the time of the disaster.

#### J. VERIFICATION

Verification is mandatory for identity and residency in the disaster area. ALL OTHER VERIFICATION SHALL BE WAIVED.

When normal sources of verification are destroyed or unobtainable in a disaster situation, alternate verification sources may be used. These include, for example, telephone books or city directories for residency. When attempts to verify identification and residency prove verifications impossible, client's statement will be accepted.

D-SNAP is an entirely different program from the regular Supplemental Nutrition Assistance Program (SNAP). The chart below compares the programs:

Eligibility Element	SNAP	D-SNAP
Disaster Status	N/A	Experienced an adverse effect as a result of a disaster.
Identity of applicant	Verified	Verified
Residency	Households must live in Nevada to be eligible for benefits.	Living in disaster area at the time of the disaster, the State option to include those working in disaster area. Verified where possible.
Household Composition	Individuals who purchase and prepare meals together.	People living and eating together at the time of a disaster.
Benefit Amount	Varies depending on circumstances.	Maximum allotment for household size.
Restricted Eligibility Categories	Student, IPV, citizenship status and work registration restrictions apply.	Student, IPV, citizenship status and work registration are not applicable.
Resources	Counted unless the entire household has been determined categorically eligible.	No separate resource test. Accessible liquid resources and income added together to find Disaster Gross Income.
Income	Must meet gross income test to qualify.	Only net (take-home) income during the benefit period counted. Add resources to find disaster gross income.
Deductions & Expenses	Deductions calculated for eligible households.	Maximum standard and shelter deductions are already incorporated into disaster eligibility standards. Use of net income eliminates the need to calculate earned income deduction. Unreimbursed, out of pocket, disaster-related expenses not expected to be reimbursed during the 30-day disaster benefit period are allowed as deductions.

Intentional Program Violations (IPV)	Penalties are 12 months, 24 months, and permanent disqualifications.	SNAP IPV not applicable to D-SNAP. D-SNAP IPV counts towards disqualification in SNAP.
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#### K. DEDUCTIONS AND EXPENSES

Deductions calculated for eligible households. Maximum standard and shelter deductions are already incorporated into disaster eligibility standards. Use of net income eliminates the need to calculate earned income deduction. Unreimbursed, out of pocket, disaster-related expenses not expected to be reimbursed during the 30-day disaster benefit period are allowed as deductions.

#### L. BENEFIT CALCULATION

Eligible households shall receive emergency allotments equal to the value of food actually lost in a disaster, but not greater than the applicable maximum monthly allotment for the household size.

The current FFY26 D-SNAP Income Eligibility Standard and Allotments are as follows:

Household Size	Income Limit	Maximum Allotment
1	\$2,258	\$298
2	\$2,716	\$546
3	\$3,174	\$785
4	\$3,647	\$994
5	\$4,143	\$1,183
6	\$4,639	\$1,421
7	\$5,098	\$1,571
8	\$5,556	\$1,789
Each additional member	+ \$459	+ \$218

#### M. HEARINGS AND CONFERENCES

Aggrieved households must be able to receive a supervisory review the same day the office learns of the complaint or disagreement. Normal Food Stamp Program hearing procedures apply to households requesting a hearing.

**CLIENT MATERIALS**

Included are all D-SNAP application forms (Form 2199) (English and Spanish) and notice (Form 2035).



# Application for Assistance Disaster SNAP Benefits

*"Working for the Welfare of All Nevadans"*

DWSS Official Use Only:			
Disaster Benefit Period:	Begin Date:	End Date:	Number:

### Do Not Send Applications Here

DWSS will keep all information private and secure as required by law. The information is used to:

- Determine what types of assistance you are qualified to receive.
- Determine how much assistance you are qualified to receive.
- Make sure you get the right amount of assistance based on your situation.

### Non-Discrimination 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), religious creed, disability, age, political beliefs 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, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339

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 (833) 620-1071, 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:

**Mail:**  
 Food and Nutrition Service, USDA  
 1320 Braddock Place, Room 334  
 Alexandria, VA 22314

**Email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

### Do Not Send Applications Here

For other information dealing with the Supplemental Nutrition Assistance Program (SNAP), call the USDA Hotline at (800) 221-5689.

## Application for Assistance - Disaster SNAP Benefits

### Instructions:

Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any required information, it will not be eligible to receive Disaster Benefits. When you are interviewed, you must show identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for, receive or use your Disaster Benefits. **Do not write in the shaded areas.**

<b>Application Date:</b>	
<b>Program Applying For:</b>	<input type="checkbox"/> SNAP
<b>Applicant / Head of Household Information</b>	
DWSS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:	Middle Name: Last Name: Suffix: Date of Birth
<b>Authorized Representative (An Adult You Approve To Speak For You)</b>	
DWSS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:	Middle Name: Last Name: Suffix: Date of Birth
<b>Contact Information</b>	
DWSS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Home Address: Apartment Number:	Temporary Mailing Address: Apartment Number:
City: State: Zip Code:	City: State: Zip Code:
Daytime Phone # Ext.	Secondary Phone # Ext.
Preferred language (if not English): <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently, notifications are sent by mail. In the future, if available, would you like to receive information by:	
Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:
<b>Part A – Household Situation</b>	
1. Was your household living in the disaster area at the time of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide answer the following questions:	
Did the disaster damage or destroy your home or self-employment property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your household have any additional expenses as a result of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your household plan to buy food before ( <i>insert end date of disaster period</i> _____)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the disaster delay, reduce or stop any of the household's income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your household have any cash or money in checking or savings accounts which you cannot get because the bank is closed due to the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you or anyone in your household currently receiving Supplemental Nutrition Assistance (SNAP), Temporary Assistance to Needy Families (TANF), or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which program(s)?	
SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	What state?
TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No	What state?
Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	What state?

List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. List each household member's Social Security number (SSN) if available. However, applicants are not required to have or give their Social Security number on this application in order to qualify for Disaster benefits. Also list each household member's date of birth, sex, race and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster program is operating.

- **DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED.**
- **IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.**

Part B – Household Members (attach additional paper for extra members)					Part C - Income	
Last Name, First Name:	SSN	Date of Birth	Sex (M/F)	Race/Ethnicity (Optional)	Source / Type	Amount

Race – please check one of the boxes that best describes your household  Hispanic/Latino or  Non-Hispanic/Latino  
 Ethnicity (Optional) - Please choose one of the following for each household member. White, Native Hawaiian, Asian Indian, Korean, African American or Black, Guamanian or Chamorro, Chinese, Other Asian, American Indian or Alaska Native, Samoan, Filipino, Vietnamese, Middle Eastern or North African, Other Pacific Islander, Japanese, other.

Part D – Resources		Part E - Expenses	
List all cash your household will be able to get to during the disaster.		List 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.	
Type	Amount	Type	Amount
Checking Accounts	\$	Dependent care due to disaster	\$
Savings Accounts	\$	Funeral/medical expenses due to disaster	\$
Cash On Hand	\$	Moving and storage costs due to disaster	\$
Other	\$	Temporary shelter expenses	\$
		Cost to protect property during disaster	\$
		Cost to repair or replace items for home or self-employment property	\$
		Other Disaster-related expenses	\$
		Food destroyed in disaster	\$

**Part F – 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 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 fair hearing orally or in writing.

**Please read and sign this application.**

- I hereby authorize and consent to the release of all information concerning me or my household members to the Department of Health and Human Services by the holder of the information such as, but not limited to, wage information, information made confidential by law, as well as patient information privileged under NRS 49.225, or any other provision of law. I hereby release the holder of the information from liability, if any, resulting from the release (disclosure) of the required information.
- If I am 60 years of age or older, I hereby consent to the disclosure of my identity and waive my right as an older person to have my identity kept confidential. I hereby release the holder of information from liability, if any, resulting from the disclosure of the required information.
- I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

**Signature or Mark of Applicant or Authorized Representative**      Date

**Signature or Witness\***      Date

(Use if applicant cannot read, write, is blind.)

*\*The information in this application has been read to the applicant and I have witnessed their signature or mark.*

**Part G – Penalty Warning**

If your household gets Supplemental Nutrition Assistance Program (SNAP) benefits, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your 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 SNAP benefits.**
- **DO NOT give or sell SNAP benefits or authorization documents to anyone not authorized to use them.**
- **DO NOT alter any SNAP authorization documents to get benefits you are not entitled to.**
- **DO NOT use SNAP benefits to buy unauthorized items such as alcohol or tobacco.**
- **DO NOT use another household's SNAP benefits or authorization documents for your household.**

**Electronic Benefits Transfer (EBT)**

Federal law states the intended period of use for SNAP benefits is 9 months from the date of issuance. The DWSS is required to remove any unused SNAP benefits from an account 274 days after the benefit was issued and return them to the Federal government. Unused benefits are frozen 269 days after their issuance. If the client, or any adult member of the client's household, has any outstanding SNAP debt, the frozen benefit will be applied towards the SNAP debt.



## Solicitud para Asistencia - Beneficios de SNAP de Desastre

### Instrucciones:

Complete esta solicitud honestamente y a su mejor conocimiento. Si su hogar sabe pero se niega intencionalmente a dar cualquier información requerida, no será elegible para recibir Beneficios de Desastre. Cuando es entrevistado, tiene que demostrar identificación. Tiene que mostrar prueba que su hogar vivía en la área de desastre en el momento del desastre. Tiene que verificar cualquier gasto cuestionable. Usted puede autorizar a alguien fuera del hogar para solicitar, recibir o utilizar sus Beneficios de Desastre. **No escribe en las áreas sombreadas.**

<b>Fecha de la solicitud:</b>			
<b>Programa Solicitada:</b>		<input type="checkbox"/> SNAP	
<b>Solicitante o Información sobre el Jefe de Familia</b>			<b>DWSS Verified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Primer nombre:	Segundo nombre:	Apellido:	Sufijo: Fecha de nacimiento
<b>Representante Autorizado (Un adulto que usted aprueba para hablar por usted)</b>			<b>DWSS Verified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Primer nombre:	Segundo nombre:	Apellido:	Sufijo: Fecha de nacimiento
<b>Información de contacto</b>			<b>DWSS Verified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Permanente Dirección de su domicilio:	Número de apartamento:	Temporal Dirección de correo:	Número de apartamento:
Ciudad:	Estado:	Código postal:	Ciudad: Estado: Código postal:
Número de teléfono durante	Ext.	Número de teléfono secundario	Ext.
Idioma preferido (si no es inglés): <input type="checkbox"/> Español <input type="checkbox"/> Otro:		¿Necesita un intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No	
Actualmente, las notificaciones son enviados por correo. En el futuro, si disponible, quisiera recibir información por:			
Correo electrónico: <input type="checkbox"/> Sí <input type="checkbox"/> No Dirección de correo electrónico:			
<b>Parte A - Situación del Hogar</b>			
1. ¿Su hogar vivía en la área de desastre en el momento del desastre?			<input type="checkbox"/> Sí <input type="checkbox"/> No
<b>Si la respuesta es sí, conteste las siguientes preguntas:</b>			
¿El desastre dañó o destruyó su casa o propiedad de trabajo por cuenta propia?			<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Tiene su hogar cualquier gasto adicional como resultado del desastre?			<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Planea su hogar comprar alimentos antes de (poner la fecha de terminación del período del desastre _____)?			<input type="checkbox"/> Sí <input type="checkbox"/> No
¿El desastre tardó, disminuyó o parró cualquier ingreso del hogar?			<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Tenía su hogar algún dinero en efectivo o dinero en una cuenta de cheques o ahorros donde no puede conseguir porque el banco esta cerrado por causa del desastre?			<input type="checkbox"/> Sí <input type="checkbox"/> No
2. ¿Es usted o alguien en su hogar actualmente recibiendo del Programa Suplementario de Asistencia Nutricional (SNAP), Asistencia Temporal para Familias Necesitadas (TANF) o Medicaid?			<input type="checkbox"/> Sí <input type="checkbox"/> No
<b>Si la respuesta es sí, ¿cuál programa(s)?</b>			
¿SNAP?	<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Cuál estado?	
¿TANF?	<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Cuál estado?	
¿Medicaid?	<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Cuál estado?	

Indique los miembros de su hogar, incluyendo usted mismo, que fueron afectados por el desastre que están viviendo y comiendo con usted. Indique el número de Seguro Social (SSN) de cada miembro del hogar, si esta disponible. Sin embargo, los solicitantes no son requeridos a tener o dar su número de Seguro Social en esta solicitud para poder calificar para beneficios de desastre. También indique la fecha de nacimiento, sexo, raza y fuente de y cantidad de salario neto de cada miembro del hogar. Indique cualquier otro ingreso que los miembros de su hogar hayan recibido o esperen recibir mientras esté funcionando el programa de desastres.

- **NO INCLUIR LAS PERSONAS QUE NO FUERON PARTE DE SU HOGAR CUANDO OCURRIÓ EL DESASTRE.**
- **SI SE ESTA QUEDANDO TEMPORALMENTE CON OTRO HOGAR POR RESULTADO DEL DESASTRE, NO INDIQUE LOS MIEMBROS DE ESE HOGAR.**

Parte B - Miembros del hogar (adjuntar una hoja de papel para miembros de más)					Parte C - Ingreso	
Apellido, Primer Nombre:	SSN	Fecha de nacimiento	Sexo (M/F)	Origen étnico (Opcional) o Raza	Fuente o Tipo	Cantidad

Raza – Por favor marque la casilla que mejor describe su hogar - Hispano/Latino o No Hispano/Latino  
 Origen étnico (*Opcional*) - Por favor elija uno de los siguientes para cada miembro del hogar: Blanco, Nativo de Hawái, Indio Asiático, Coreano, Afroamericano o Negro, Guameño o Chamorro, Chino, Otro Asiático, Indio Americano o Nativo de Alaska, Samoano, Filipino, Vietnamita, Medio Oriental o Norte Africano, Otro isleño del Pacífico, Japonés, Otro.

Parte D - Recursos		Parte E - Gastos	
Indique todo el dinero que su hogar podrá obtener durante el desastre.		Indique gastos causados por el desastre que su hogar pagó o espera pagar durante este desastre. NO INCLUIR LOS GASTOS QUE SON PAGADOS O SERÁN PAGADOS PARA ALGUIEN FUERA DEL HOGAR.	
Tipo	Cantidad	Tipo	Cantidad
Cuentas de cheques	\$	Cuidado de dependientes por un desastre	\$
Cuentas de ahorros	\$	Gastos funerarios o médicos debido a un desastre	\$
Dinero en efectivo disponible	\$	Costos de mudanza y conservación debido a un desastre	\$
Otro	\$	Gastos de vivienda temporal	\$
		Gasto para proteger propiedad durante el desastre	\$
		Gasto para reparación o artículos para reemplazar para la casa o propiedad de trabajo por cuenta propia	\$
		Otros gastos relacionados al desastre	\$

### Parte F - Certificación y Firma

Yo entiendo las preguntas en esta solicitud y las penalidades por ocultar o dar información falsa. Mi hogar esta en necesidad de asistencia de inmediato como resultado del desastre. Yo certifico bajo pena de perjurio, que la información que yo proporciono es correcta y completa a mi leal saber y entender. También autorizo el consentimiento de cualquier información necesario para determinar lo correcto de mi certificación. Entiendo que si no estoy de acuerdo con cualquier acción tomado en mi caso, tengo el derecho de pedir una audiencia justa oral o por escrito.

#### Por favor lea y firme esta solicitud.

- Por lo presente autorizo y consiento a la divulgación de toda la información acerca de mí o de mis miembros del hogar al Departamento de Salud y Servicios Humanos por el titular de la información, tales como, pero no limitado a, información de salarios, la información hecha confidencial por ley, así como la información del paciente privilegiada bajo NRS 49.225, o cualquier otra disposición de la ley. Yo libero al titular de la información de la responsabilidad, si alguna, como consecuencia de la liberación (divulgación) de la información requerida.
- Si tengo 60 años de edad o más, doy mi consentimiento para la divulgación de mi identidad y renuncio a mi derecho como una persona mayor de tener mi identidad confidencial. Yo libero al titular de la información de la responsabilidad, si alguna, como consecuencia de la divulgación de la información requerida.
- Yo firmo esta solicitud bajo pena de perjurio, que significa que he proporcionado respuestas verdaderas a todas las preguntas a mi leal saber y entender. Sé que puedo estar sujeto a penalidades bajo las leyes federales si intencionalmente proporciono información falsa o incorrecta.

Firma o marca del solicitante o  
Representante Autorizado

Fecha

Firma del testigo\*

Fecha

(Utilice si el solicitante no sabe leer o escribir  
o si es ciego.)

*\* La información contenida en esta solicitud ha sido leída al  
solicitante y he sido testigo de la firma anterior.*

### Parte G - Aviso de Penalidad

Si su hogar recibe beneficios del Programa Suplementario de Asistencia Nutricional (SNAP), tiene que seguir las reglas indicadas a continuación. Podemos escoger su hogar para una revisión federal o estatal algún tiempo después de recibir sus beneficios de SNAP para asegurar de que es elegible para la ayuda de desastre.

- **NO ocultar o dar información falsa para recibir o continuar a recibir beneficios de SNAP.**
- **NO dar o vender beneficios de SNAP o autorización de documentos a nadie no autorizado para usarlos.**
- **NO dar o vender beneficios de SNAP o autorización de documentos a nadie no autorizado para usarlos.**
- **NO usar beneficios de SNAP para comprar artículos sin autorización tal como alcohol o tabaco.**
- **NO usar beneficios de SNAP de otro hogar o documentos autorizados de su hogar.**

### Tarjeta de Transferencia Electrónica de Beneficios (EBT)

La ley federal declara que el periodo establecido para utilizar los beneficios de SNAP es de 9 meses desde la fecha de emisión. Se requiere que DWSS retire de la cuenta los beneficios de SNAP no utilizados en un periodo de 274 días después su emisión y que los devuelva al gobierno federal. Los beneficios no utilizados se congelarán a los 269 días después de su emisión. Si el cliente, o un miembro adulto del hogar del cliente, tiene una deuda pendiente de SNAP, los beneficios congelados se aplicarán a la deuda de SNAP.



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

**DISASTER BENEFITS  
NOTICE OF DECISION**

Date: \_\_\_\_\_  
 Name (Head of Household): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Case #: \_\_\_\_\_

Your household's request for disaster benefits received \_\_\_\_\_, has been processed.

Your request for disaster benefits has been approved as listed below:

Disaster benefits have been approved for the period of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
mm/dd/yyyy mm/dd/yyyy

- Your household has been approved for \$ \_\_\_\_\_ in Disaster SNAP Benefits for \_\_\_\_ household members.
- Your household has been approved for \$ \_\_\_\_\_ in Disaster TANF Benefits for \_\_\_\_ household members.
- The following household members have been approved for Disaster Medicaid Benefits:

\_\_\_\_\_

Your request for Disaster Benefits has been denied as listed below:

Disaster SNAP Benefits because:

Disaster TANF Benefits

Disaster Medicaid Benefits because:

\_\_\_\_\_ Case Worker \_\_\_\_\_ Date

If you do not agree with the action taken, you have the right to request a fair hearing within 90 days of this notice. If you would like a fair hearing, please sign below and return this notice to the location you submitted your request for Disaster Benefits or to your local DWSS office if the disaster has passed. You will be contacted by a DWSS employee to discuss the case action and a formal hearing will be scheduled if you still disagree with the action.

I disagree with this action and wish to have a fair hearing. Signature: \_\_\_\_\_

If you need legal counsel and cannot afford it, these agencies may be able to help you.  
 Washoe County: Nevada Legal Services, 1-800-323-8666; Clark County: Nevada Legal Services, (702) 386-0404; Rural Counties: Nevada Legal Services; Carson City (775) 883-0404, Toll Free: 1-800-323-8666.

*Working for the Welfare of ALL Nevadans*

## **Issuance Process**

Disaster benefit applications entered into the NOMADS/AMPS eligibility system will be transmitted to the EBT contractor the same or next day unless extraordinary circumstances exist. Each disaster team member is issued a laptop computer with wireless access. This allows direct access to the NOMADS/AMPS eligibility system and the ability to make disaster benefits available within 72 hours if no questionable information exists. Ongoing SNAP households will not be affected by D-SNAP processing. Limited staff will be assigned to the disaster process and remaining agency staff will maintain business as usual for those households not affected by the disaster. The NOMADS/AMPS system allows for access state-wide. If one geographical area is affected by the disaster, that area's regular SNAP caseload can be maintained by offices and staff not affected by the disaster.

In those cases where wireless access is not available, all applications will be taken and transported, on a regular basis, to an area where access to the NOMADS/AMPS eligibility system has been established.

## **Security and Fraud Prevention Plan**

All applications for disaster benefits will be evaluated for duplicate participation. Applicants will be required to re-list all household members, date of birth and ages. Each applicant will be entered into the NOMADS/AMPS eligibility system. During the registration process all individual household members will be evaluated for existing benefits in the State of Nevada through an existing Person Search process. Out-of-state assistance will be evaluated for all individuals who have recently moved to the disaster area.

Disaster applications submitted by Division of Social Services employees will be processed and reviewed 100% by a Family Services Lead and/or Supervisor. Confidentiality rules for agency employees applying for benefits already exist and will be followed in a disaster situation.

Issuance of EBT cards and certification of benefits are role specific. EBT cards will be maintained in a secure locked location and will only be accessible by approved disaster group members. EBT cards will be issued by the clerical staff assigned to the disaster response team following the current EBT procedures established by the agency. This will be accomplished with the use of a portable card reader that can be connected to an agency issued laptop. Only Family Services Specialist staff assigned to the team will have authority in the NOMADS/AMPS eligibility system to approve disaster benefits.

Questionable applications will be referred to the Investigations and Recovery Unit for investigation and possible IPV disqualification if necessary.

## **Disaster Reporting and Post-Disaster Review Report**

The state will review a random sample of 0.5 percent of new D-SNAP cases, up to a maximum of 500 cases with a minimum sample of 25 cases. The sample will include both approved and denied cases.

DSS will report daily to the USDA throughout the disaster period and access the required reporting forms from the FNS website prior to activating the Disaster Response Teams to ensure the most current versions of the forms are being utilized. Within 45 days, Nevada will provide FNS with the FNS-292B that includes all of the D-SNAP issuance data. After 6 months, a final report will be submitted. Please see the list below of required forms that need to be sent to the USDA.

FNS-292B

FNS - 388

FNS - 209

FNS-46