FoodShare AFFIDAVIT OF LOST INCOME OR COSTS from a disaster

**DAL**

**INSTRUCTIONS:** If you are a FoodShare member who lives in a disaster area, you may be able to get a one-time supplement to your FoodShare benefits. You can get a FoodShare supplement if you get less than the maximum FoodShare benefits for your household size each month. Complete this form if you are a current FoodShare member asking for a disaster FoodShare supplement.

Return the completed form to your local agency, or mail or fax it to the following:

If you live in Milwaukee County: If you do not live in Milwaukee County:

MDPU CDPU

PO Box 05676 PO Box 5234

Milwaukee, WI 53205 Janesville, WI 53547-5234

Fax: 1-888-409-1979 Fax: 1-855-293-1822

|  |
| --- |
| Name – Member (Last, First MI)  Click here to enter text. |
| Case Number  Click here to enter text. |

By signing below, I certify that:

* My household had a loss of income or had costs as a result of the .
* The took place in the zip code or county I live in during  
   through .

|  |  |
| --- | --- |
| **SIGNATURE** – Member | Date Signed |

**Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://162.79.27.37:8081/sites/default/files/Complain_combined_6_8_12_508_0.pdf), (AD-3027) found online at: <https://www.ascr.usda.gov/how-file-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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