

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Disaster Nutrition Assistance Program (DNAP)

REQUEST FOR NUTRITION ASSISTANCE REPLACEMENT / SUPPLEMENT

I understand, since I am currently receiving regular Nutrition Assistance, I am not eligible for Disaster Nutrition Assistance Program (DNAP) benefits. Due to a disaster, I am requesting one or both of the following:

- Replacement of Nutrition Assistance benefits spent on food lost in a disaster
- Supplemental Nutrition Assistance benefits due to a disaster

Please PRINT Clearly

INDIVIDUAL'S NAME (*Last, First, M.I.*) _____ DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

NUTRITION ASSISTANCE CASE NAME _____ CASE NO. _____

HOME ADDRESS (*No., Street, Apt. No.*) _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (*No., Street, Apt. No.*) _____

CITY _____ STATE _____ ZIP CODE _____

TEMPORARY HOME ADDRESS (*If any*) _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NO. _____ CELL PHONE NO. _____ WORK PHONE NO. _____ MESSAGE PHONE NO. _____

WHAT MONTH WERE NUTRITION ASSISTANCE BENEFITS LAST RECEIVED? _____ DO YOU NEED AN EBT CARD?
 Yes No

IF REQUESTING A REPLACEMENT OF BENEFITS THAT WERE SPENT ON FOOD DESTROYED AS A RESULT OF THE DISASTER

Date of food loss: _____ Amount of benefits spent on food that was lost: \$ _____

SIGNATURE OF INDIVIDUAL _____ DATE _____

FOR FAA USE ONLY

AMOUNT OF REPLACEMENT ISSUED _____ AMOUNT OF SUPPLEMENT ISSUED _____ EBT CARD ISSUED _____

NAME OF ISSUANCE STAFF _____

SIGNATURE OF ISSUANCE STAFF _____ DATE _____

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