



**Rhode Island**  
**Department of Human Services**

**FFY 2023**  
**Disaster SNAP Plan**  
**(D-SNAP)**  
**(FY23 RI 6 DSNAP Plan)**

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## **Section 1 Introduction**

Rhode Island's Supplemental Nutrition Assistance Program Disaster (D-SNAP) Plan is designed to address the consequences of a disaster or emergency situation, which affects the ability of Rhode Island residents to access and obtain food resources. This plan outlines an ordered and timely approach to providing needed supplemental food and nutrition assistance to the public. Our plan delineates the process and procedures that the Rhode Island Department of Human Services (RI DHS) will employ to provide Supplemental Nutrition Assistance Program (SNAP) benefits to households affected by a disaster.

In the event of a disaster, the RI DHS will operate in concert with the Rhode Island Executive Office of Health and Human Services (RI EOHHS), the Rhode Island Emergency Management Agency (RI EMA), Federal Emergency Management Agency (FEMA), the United States Department of Agriculture, Food and Nutrition Service (FNS) as well as other state and federal agencies and local community service agencies to provide needed supplemental food and nutrition to those in need.

The RI DHS has taken lessons learned from previous State incidents and emergencies, as well as state declared and presidentially declared disasters and has used this experience in preparing this SNAP Disaster plan. This plan continues to incorporate guidance from the Emergency Support Function (ESF) #11 of the Federal Response Plan published by the Federal Emergency Management Agency and the Disaster Supplemental Nutrition Assistance Program, (D-SNAP) handbook published by USDA/FNS.

This plan outlines the RI DHS response from lower-level incidents through state and federally declared disasters.

In this plan, RI DHS makes some assumptions. In virtually all previous disasters that have affected the State and in particular, the normal operation of the RI DHS, only a portion of the State has been affected. It is an assumption in this plan, that one or more of the benefit offices will remain operational throughout the Department's response period. Further, this plan is based on the RI DHS as a secondary responder once the immediate threat of the disaster has been addressed and mitigated by primary response agencies.

## **Section 2 Pre-Disaster Planning**

### **A. Disaster Response Team and Responsibilities**

The RI DHS Director has overall responsibility for the planning and implementation of RI DHS disaster response programs. The RI DHS Director has designated the RI DHS Director as the staff person responsible for the coordination of emergency response in the event of a disaster. Key RI DHS program and field managers are charged with the responsibility to work with the RI DHS Director to form the RI DHS Supplemental Nutrition Assistance Disaster Response Planning and Implementation Team (known as the DRT). The DRT, under the direction of the Director of RI DHS or his/her designee, will oversee implementation of the RI DHS Supplemental Nutrition Assistance Program Disaster Response Plan in the event of an emergency. The DRT may call upon other RI DHS resources, including the Emergency Assistance Program, as it determines necessary in the course of the agency's implementation activities. The DRT may choose to implement a waiver for ongoing cases. The team will review the available waivers, including: Automatic/ Mass replacements; Hot Foods and Timely reporting to name the top three generally requested. In the event of a disaster, FNS will be consulted for the list of the most appropriate and available potential waivers at the time.

Each member of the DRT has specific responsibilities before and after a disaster has occurred and the decision to implement the Disaster Supplemental Nutrition Assistance Program has been made.

#### **The members of the RI DHS DRT by Position:**

1. RI DHS Director;
2. RI DHS Deputy Director, Policy and Operations;
3. RI DHS Chief of Staff
4. RI DHS Associate Director, Program Operations;
5. RI DHS Administrator, Supplemental Nutrition Assistance Program;
6. RI DHS Public Information Officer;
7. RI DHS Chief Financial Officer, Financial Management;
8. RI DHS Administrator, Management Services;
9. DOA Administrator, System Operations;
10. RI DHS Administrator of Planning and Training, Center for Staff Development and Learning;
11. DOA Chief, Office of Internal Audit;
12. RI DHS Executive Legal Counsel;
13. RI DHS Associate Director, Policy Unit;
14. EOHHS Administrator, Human Resources;
15. RI DHS Assistant Administrator, Supplemental Nutrition Assistance Program;
16. RI DHS Corrective Action Officer, Supplemental Nutrition Assistance Program;
17. RI DHS Supplemental Nutrition Assistance Outreach Coordinator/Contractor;
18. RI DHS EBT Coordinator/Contractor
19. RI DHS Civil Rights Compliance Officer

**The members of the RI DHS DRT by Name with alternates:**

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## **The Responsibilities of the RI DHS DRT by position:**

### **1. RI DHS Director will:**

- Activate the RI DHS Disaster Plan by contacting and convening the DRT
- Coordinate, with the PIO, the RI DHS Emergency Response
- Be the point person for external communications with the Governor's office, the Rhode Island Emergency Management Agency (RIEMA), law enforcement and others as appropriate
- Ensure that the office of the Director of RI DHS will be the physical location of the RI DHS Command Structure
- Oversee the work of the RI DHS Associate Director, Field Operations and the RI DHS Administrator, Management Services
- Coordinate the staffing, equipping and onsite administration of the disaster site field operations and systems necessary to provide eligibility determinations. Be Responsible for field oversight of all issuance options

### **2/3. RI DHS Deputy Director and RI DHS Chief of Staff will:**

- Serve as the backup to the RI DHS Director in the event that RI DHS Director is not available
- Assist RI DHS Director in all functions
- Coordinate with the Associate Director of Program Operations in the distribution of all emergency supplies to ensure proper equipment is delivered to all Field Staff

### **4. RI DHS Associate Director, Program Operations will:**

- Coordinate the work of the RI DHS Administrator, Supplemental Nutrition Assistance Program and all other RI DHS Community Services programs
- Oversee the day-to-day operations of the field sites managing the overall implementation SNAP benefits during the disaster operation
- Coordinate the movement of SNAP materials, applications, data and other related materials between all field sites and operational RI DHS offices
- Along with the RI DHS Chief of Staff, assist the Director in coordinating staffing, equipping and local administration of disaster site field operations and other related duties as required

### **5. RI DHS Administrator, Supplemental Nutrition Assistance Program will:**

- Prepare and maintain the Supplemental Nutrition Assistance Disaster Plan with input from other appropriate Departmental staff
- Identify and institute, (in consultation with the Food and Nutrition Service and the Director) necessary emergency policies and procedures to support emergency issuance of Supplemental Nutrition Assistance Program
- Assure that the DRT and RI DHS systems contractors all have a current copy of the Supplemental Nutrition Assistance Program Disaster Plan
- Support the activities of the DRT
- Ensure that timely information is communicated to the PIO regarding the disaster relief issuance of Supplemental Nutrition Assistance Program

### **6. RI DHS Public Information Officer (PIO) will:**

- In concert with the DHS Coordinator of Emergency Response, EOHHS, Emergency Management Agency (RIEMA) co-located with the RI Army National Guard (RIANG), through the Office of the Governor, the PIO will coordinate with the Public Information Officer (PIO) will be responsible for

the dissemination of disaster related information

- Ensures that timely information is communicated regarding the disaster relief issuance of Supplemental Nutrition Assistance Program
- Coordinate preparation of informational materials such as a SNAP Disaster Relief Guide for staff/clients/public containing useful information on how to access SNAP Disaster assistance
- Issue information on the use of Supplemental Nutrition Assistance Program benefits and other disaster assistance
- In conjunction with the Associate Director of Operations, serve as point of contact for information on the D-SNAP plan from the disaster area and conduct issuance site visits as required
- In conjunction with the SNAP Administrator, coordinate with the FNS NERO Field Office and contact retailers with information on how the program will be administered including recipient IDs that will be available or required and an estimated number of recipients
- Ask that elderly/disabled send authorized representatives to apply for them if they are unable to apply themselves; provide a dedicated phone line for elderly and disabled who may require home visits.
- In conjunction with the SNAP Outreach Coordinator, enlist the outreach partner to assist in conducting home visits
- Identify special provisions/locations for elderly and disabled
- In conjunction with the Associate Director of Policy, identify verification of eligibility requirements that appear to be causing problems at the issuance site and provide information to applicants that clarify the requirements

**7. RI DHS Chief Financial Officer, Financial Management will:**

- Facilitate purchase and processing of financial transactions related to equipment, supplies, facilities used to operate the SNAP Disaster Program sites
- Assure appropriate accounting of benefits issuances

**8. RI DHS Administrator, Management Services will:**

- Ensure that the verification of duplicate assistance process is in place through the use of RI DHS staff (Internet Technology Services and Support and Fraud) and system resources
- Collect and maintain program/ systems data for analysis at the end of the disaster and prepare the electronic reports for FNS review

**9. DOA Administrator, System Operations will:**

- Coordinate the development of the ongoing programming of the RI Bridges system to support disaster operations
- Ensure RI Bridges system is up to date and prepared to support disaster operations
- Assess the RI DHS offices for availability of power, telephone service, and network capabilities to RI DHS local offices and Regional Centers as well as the need and process for network access to off-site disaster sites- i.e.: FEMA locations

**10. RI DHS Administrator of Planning and Training, Center for Staff Development and Learning will:**

- Develop and deliver to all appropriate staff the necessary training programs and materials to implement the issuance of disaster food assistance benefits
- D-SNAP training will be included in all new staff training and an annual refresher training



session will be scheduled

- In the event of a D-SNAP, effected staff as determined by the DRT will be refreshed on the procedures regarding the RI DHS response to the situation

**11. DOA Chief, Office of Internal Audit will:**

- Provide oversight of the SNAP disaster eligibility and issuance operation
- Implement procedures designed to prevent fraud as well as to receive and investigate apparent fraud referrals after the fact

**12. RI DHS Executive Legal Counsel**

- Provide legal guidance and advise and assist Director and staff with legal issues as/before they arise
- Ensure compliance to Federal and State regulations for disaster response

**13. RI DHS Associate Director, Policy Unit will:**

- Draft, modify and finalize policy, procedures, and instructions necessary to implement the Supplemental Nutrition Assistance disaster issuance. These will be used to train staff involved in the disaster benefit issuance
- Coordinate with State local EMA, local utility companies, the Governor's Office and local and state law enforcement to determine the extent of the disaster and the population effected and develop a needs assessment for the effected population
- In conjunction with the Director, RI DHS, determine how RI DHS can best offer services to the effected population based on a "needs assessment"

**14. RI EOHHS Administrator, Human Resources (HR) will:**

- Provide personnel data and expertise
- Assure that personnel rules and union contract provisions are considered in staffing the SNAP Disaster program distribution sites
- Ensure that the proper records and accounting of staff work are kept

**15. RI DHS Assistant Administrator, Supplemental Nutrition Assistance Program will:**

- Assist SNAP Administrator in all functions

**16. Supplemental Nutrition Assistance Program Corrective Action Officer will:**

- Act as the RI DHS Disaster Plan Coordinator
- Ensure the RI DHS SNAP Plan integrates seamlessly with the RI DHS overall plan for disaster response
- Plan for and maintain a demographic map of the RI population for the intent of determining, during a disaster incident/ situation, how many of the population have been impacted and their respective demographics in order to best plan for the most appropriate services and types of services to be provided to them
- Coordinate with the Administrator of Planning and Training, Center for Staff Development and Learning to provide training in the D-SNAP for all those involved in the application /issuance process
- Manage, during disaster operations, an ongoing "Lessons Learned" log for improvements on future operations
- Assist SNAP Administrator in all functions as needed

**17. RI DHS SNAP Outreach Coordinator will:**

- Contact advocate groups and community organizations to enlist their support with outreach efforts and address their concerns. (i.e., applicable current SNAP Outreach subrecipients and other appropriate agencies based on the needs of the situation. This may include but is not limited to: RI Community Food Bank, Feinstein Ctr. For Hunger Free America, Community Action Programs through Executive Director of Comprehension Community Action, and United Way Rhode Island.)
- Coordinate with the RI DHS SNAP Program Administrator and the RI DHS PIO to orchestrate a coordinated response / outreach as determined by the situational response of the DRT
- Determine which, if any, SNAP Outreach providers may support disaster victims while continuing to provide approved, reasonable, allowable, and necessary SNAP Outreach services during and immediately following a disaster. Hence, SNAP Outreach activities will remain similar during or in the wake of a disaster, until normal program operations resume. The location of those services may change with FNS approval. As such, SNAP Outreach community partners will follow the same guidelines as normally required under current USDA/FNS State SNAP Outreach Program Guidance and FNS approved SNAP Outreach workplans. The SNAP Outreach team will however, under the direction of the RI DHS AACPS, coordinate their D-SNAP efforts during a disaster to maximize support to disaster victims on approved activities.

**18. RI DHS EBT Coordinator will:**

- Determine if EBT benefit distributions can still be provided via the State’s eligibility system “RI Bridges.” If the system is determined inoperable or inaccessible, coordinate with state system technical staff to ascertain when the system will be available either through restoration locally or through the established emergency backup process
- Assure that the EBT systems contractor provides adequate help desk and training assistance to insure the coordination of the RI Bridges SNAP eligibility system with the EBT system
- Advise and inform all pertinent stakeholders related to the EBT issuance system of the SNAP Disaster Plan and procedures. This will include retailers, financial institutions, RI DHS vendors, and third-party processors
- Monitor the EBT issuance process for any technical issues and advise and inform the appropriate DRT staff and retailers, financial institutions, RI DHS vendors, and third-party processors of the status and any estimated resolution time frames as appropriate
- Monitor stocks of EBT cards and ensure an adequate number of cards are available at each location
- Ensure EBT card stock security is adequate and is maintained
- Responsible for consolidating daily reporting data from each field site, maintaining the historical data and transmitting it to FNS daily

**19. RI DHS Civil Rights Compliance Officer will:**

- Coordinate with federal and state partners to ensure compliance with all aspects of related civil rights requirements
- During the D-SNAP activities, ensure that all federal and state laws, policies and procedures regarding Civil Rights, and related activities are followed
- Ensure D-SNAP client complaint process adheres to federal and state regulations and policies
- Ensure that each and every remote site for D-SNAP operations meets ADA and applicable civil rights related requirements and that there are no access restrictions for clients with exceptional needs. This includes environmentally related challenges

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June 2022**

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## **B. Public Information Planning**

It is essential to take a proactive media approach at the very beginning of a disaster. A clear chain of responsibility/ communications for public information is planned and will be clearly communicated to all staff and assisting community agencies. Primary responsibility for all disaster related public information would be the responsibility of the RIEMA/RIANG Public Information Officer (PIO) through the Office of the Governor. The RIEMA/RIANG PIO will be assisted by the Press Secretary for the Governor to ensure that timely information is communicated regarding all disaster information as well as information regarding Supplemental Nutrition Assistances. The RI DHS Public Information Officer in concert with the RI EOHHS Public Information Officer will be responsible for the timely dissemination of all Supplemental Nutrition Assistance Program related information. The RI EOHHS / RI DHS PIO will coordinate activities with the Public Information Officer (PIO) at the Emergency Management Agency (RIEMA) co-located with the RI Army National Guard (RIANG), and the Press Secretary at Governor's Office as well as with the FNS NERO Field Office.

The RI EOHHS / RI DHS PIO will make public affairs an integral part of the Disaster Supplemental Nutrition Assistance Program response.

**Important:** All staff must understand that press communications may *only* go through the RI DHS Public Information Officer.

## C. Staffing Plan

### 1 Responsibilities for staffing.

The Director of RI DHS and the Deputy Director along with the RI DHS Associate Director, DHS Program Operations and DHS Chief of Staff will coordinate disaster response staffing needs in consultation with the Administrator, RI EOHHS Human Resources. This will include assignment of staff to work in disaster affected areas. As necessary, staff will be assigned to designated emergency SNAP distribution sites. To the extent that multi-lingual staff is available, they will be assigned to disaster areas with non-English speaking client populations. The Administrators, Field Operations will coordinate these temporary assignments. RI DHS workers assigned to the eligibility function for the D-SNAP will take applications, interview clients, make eligibility determinations, calculate allotments (if not automated) and record data required to be reported to FNS. RI DHS workers will also make client referrals, as appropriate to food distribution sites. The RI DHS Corrective Action Officer may be assigned to coordinate on-site staffing issues as well as the logistics needs of the site staff as part of the critical "lessons learned" data collections.

Operating a D-SNAP will increase the burden of SNAP workers in the field offices. In order to support the implementation of the D-SNAP, resources will be re-allocated, and RI DHS may temporarily increase office hours.

During the D-SNAP operation, Department resources priorities will be continuously evaluated given the situation and staffing resources and adjustments will be made accordingly. It is known that D-SNAP operations, in addition to RI DHS staff who themselves may be affected by the disaster, will have an increased burden on operations. The Department has the ability to remain fluid in staff assignments, reassigning staff to various offices as well as electronically reassigning work without having to move staff.

In addition, RI DHS may increase office hours to include both nights and weekends.

### 2 Criteria for temporary disaster site staff assignments.

The decision to temporarily halt nonessential functions to release staff for temporary assignments in disaster areas will be made by the Director of RI DHS and the RI DHS Deputy Director in conjunction with the RI DHS Associate Director, DHS Program Operations.

Temporary assignments to assist in disaster areas will be made from the following sources:

- a. Surrounding unaffected regions within commuting distance
- b. Unaffected regions around the state
- c. Central Office
- d. Hiring of Temporary Employees - The Director of RI DHS may direct that temporary staff be employed to help meet demands for staffing in disaster areas. If needs cannot be met through the temporary hiring of employees, individuals on the agency rehire list or through a temporary employment agency, RI DHS will seek assistance through individuals certified by the Federal agency as eligible for employment
- e. In the event of bio-hazard conditions, considerations will take into account staff considered "high risk" for position assignments

### 3 Activation of field activities, at the direction of the DRT, the Associate Director, DHS Program Operations will activate and supervise disaster plan field activities. These will include the following:

- a. Identification of sufficient and available current RI DHS Staff
- b. Assure that adequate numbers of staff in these functional areas are mobilized to appropriately cover all distribution locations, e.g.-eligibility, supervisory, clerical, social worker, interpreters / translators
- c. Activation of the RI DHS “telephone tree” communication system to notify staff of their assignments
- d. Assure sufficient distribution of emergency supply boxes consisting of appropriate applications, forms, disaster regulations and procedures, supplies and equipment. As well as client information handouts
- e. Implement visitor flow procedures that address both disaster applicant and other regular RI DHS applicant / client flow as necessary
- f. Provide necessary oversight for non-routine eligibility determination and/or issuance processes such as check preparation and manual benefit issuance
- g. Consideration to security access to laptops for assigned staff is required in order to use the laptops for application, benefit processing and EBT creation and distribution

#### **D. Training Staff**

The Administrator of Planning and Training, Center for Staff Development and Learning will be responsible for providing training in the D-SNAP for all those involved in the application/issuance process. FNS will be invited to attend training to assist in answering questions and in the preparation of training materials. Training will include:

- a. D-SNAP program regulations
  - b. Fraud prevention/reduction techniques
  - c. Processing the Rhode Island D-SNAP Application (Exhibit B)
  - d. Public relations issues
  - e. Personnel issues
  - f. Transportation/physical site issues
  - g. Orientation guide for staff
  - h. State Civil Rights compliance
  - i. Plan to ensure access to the States most vulnerable
- 2 Orientation to the SNAP Disaster Plan will be provided as part of the RI DHS Center for Staff Development and Learning Calendar to appropriate RI DHS staff as well as RI Bridges and EBT contractors
  - 3 In addition, upon disaster plan activation, there will be specific training as to the method of eligibility determination and disaster benefit issuance that will be used. Materials to facilitate rapid implementation will be developed and provided by the Center for Staff Development and Learning (CSDL). Also, the CSDL in conjunction with the DRT will inform staff assigned to the distribution sites of special disaster policies and procedures. Training topics will be determined by the DRT but will cover, but not be limited to the following:
    - a. Organizational structure of the SNAP Disaster Operation and lines of authority
    - b. Process for applicant flow management and assignment of cases to workers
    - c. Eligibility criteria
    - d. Verification requirements and acceptable documentation

- e. Orientation to any new applications and forms
- f. Allotments for various household sizes
- g. Benefit issuance procedures
- h. EBT and check card security
- i. Fraud prevention and detection and referral
- j. Any RI Bridges entry changes related to eligibility and issuance of SNAP Disaster benefits
- k. Use and security of checks
- l. Procedures for handling complaints and State Civil Rights issues

## **E. System Support**

All records of the D-SNAP plan will be kept independent of the ongoing SNAP program, data processing support will be provided.

## **F. Security Plan**

The RI DHS Director along with the assistance of the RI DHS and DOA Administrators of Management Services and System Operations will be responsible for coordinating the security plan. Depending upon the nature of the disaster, RI DHS may, other than the usual security, require security for transportation and storage of EBT cards and/or checks, if electronic benefits are not feasible. Through RIEMA, local police, State Police, Capitol Police and the National Guard may be requested to provide these services.

In addition, physical security at the issuance site may be required. Highly visible security has proven to be a deterrent to fraud. As deemed necessary uniformed security personnel from the local police, State Police, Capitol Police and/or RIEMA/RIANG may be present at the application/issuance sites to provide security for staff and clients.

The RI DHS floor plans of local and regional center offices are designed for effective traffic flow. If the Department is forced to use other sites due to the nature of the disaster, those sites will be designed to effectively manage the flow of traffic and to expedite the application process, moving applicants through the process as quickly as possible.

**Employee SNAP applications** will be handled *separately* from other applications. Audits will be conducted on *all* employee applications and this policy will be made public.

Employee disaster benefit applications will be maintained in a separate secure location, apart from non-employee applications. A Supervisor or other appropriate level appointee will have responsibility for the processing, security and confidentiality of these applications.

EBT Card specific security:  
(See section 6D for additional information)

EBT cards will be maintained in a centralized location in the Powers Building in Providence and in the local offices as per regular business practices. As needed, additional stocks will be requested from FIS storage and delivered to the central storage location in the Powers Building.

As needed, cards will be delivered to the local offices using the same procedures for accountability that are in place during normal business operations. In the event that a remote site is used for disaster processing and

EBT card distribution, the cards will be sent from the nearest functioning local DHS office using the same accounting process used in the field offices. Maintaining the same process is already proven to be successful and the staff are already familiar with it. Thus, minimizing the need for additional training and potential errors caused by unfamiliarity with a new process. The EBT coordinator will conduct periodic inventory verifications.

At the end of each day, the cards, as done currently, will be inventoried and secured until the next day's activity. If a secure location is unavailable, cards will be returned to the nearest functioning local office for secure storage until the next business day.

Since the disaster benefits will be issued through the RIBridges system, the current reconciliation process will be used to account for the EBT funds issued. The D-SNAP benefits are uniquely coded in the RIBridges system, enabling the Department to account for them as such.

Duplicate issuance: The RIBridges system will be used to check for duplicate issuances. The system has been programmed to disallow individuals from receiving benefits for the same time period. If an individual is receiving "regular" SNAP benefits, they will not be able to be approved for D-SNAP benefits for the same period and vice versa. The EBT coordinator and Corrective Actions Officer will conduct random checks to verify that duplicate participation is not occurring.

Questionable applications: When the eligibility staff (or any staff involved in the application process) suspect that an application for D-SNAP is questionable, they will refer that application to a supervisor for review. If a supervisor decision is unable to be rendered, the issue will be sent up the chain of supervision until a resolution can be determined. If appropriate, the Fraud unit will be alerted to the issue for an appropriate level of investigation.

## **G. Program Integrity and Fraud Prevention Issues**

The Disaster Program Coordinator will work with the FNS Office of Inspector General (OIG) from the start of the disaster response to ensure that program integrity issues are addressed. To protect the integrity of the Supplemental Nutrition Assistance Program during a period of disaster issuance and meet the goal of providing expeditious food assistance to those affected by a disaster, RI DHS will rely on the State's centralized Fraud Investigation Unit and its fraud investigators to provide activities focused first and foremost on early detection and prevention of fraud during the distribution of Supplemental Nutrition Assistance Program benefits during a disaster.

Program integrity and fraud control measures will include the following.

- 1 The Fraud Investigations Unit Manager will participate in establishing application/issuance site procedures for taking applications and issuing benefits
- 2 Utilization of the existing RI DHS Call Center as a method for reporting abuse
- 3 Set up of a process for clients to return benefits issued improperly
- 4 Provision for the security of EBT cards
- 5 Development of a simple process for eligibility staff to make fraud referrals onsite
- 6 Prevention of fraud with clear communication of the intent, benefits, and requirements of the disaster Supplemental Nutrition Assistance Program
- 7 Publicity of anti-fraud activities in the following ways: make public service announcements; issue press releases; post and distribute fliers in languages appropriate to the disaster area, outlining



- program requirements, criminal and civil fraud penalties; fraud control measures in place and; publicize arrests for fraud
- 8 Tables/ areas marked “fraud investigator” staffed with investigators will be set up and clients without verification or with inconsistent information will be referred to the investigators for further interview
  - 9 Workers will check for duplicate participation. The RI Bridges system is programmed to support a check for duplicate participation for all members of the household
  - 10 Make periodic announcements, while applicants are waiting, that applications will be checked for fraud
  - 11 Check household size by asking applicants at the start of screening interview for names and birth dates for all household members. Ask applicant to repeat information at the end of the interview process to confirm the information
  - 12 Review cases at random to assure that there is no worker fraud. Make it known to staff that there will be such case reviews and that dismissal may result from worker fraud

## **H. Command Center Operation**

The Agency charged with the responsibility for disaster and emergency response in Rhode Island is the Emergency Management Agency (RIEMA) located at 645 New London Avenue, Cranston, RI 02920, Phone/TTY: (401) 946-9996; Fax: (401) 944-1891. The State Command Center will be located in Cranston. It will be the focal point for information, resolution of issues, and disaster program administration.

In the case where this location is either not available or otherwise not usable, an alternate command center will be established, and all State Departments will be notified.

## **I. Periodic Meetings of the Disaster Response Team**

Periodic meetings of the Disaster Response Team will be held to assure that all members of the team are prepared to assume their specific role and responsibilities should Rhode Island need to operate a Disaster Supplemental Nutrition Assistance Program. A meeting of the DRT will be convened after the submission of this Plan so that Team members are knowledgeable of their roles. The Team will see that a SNAP disaster application is revised as needed based on lessons learned from previous operations and will develop further details as to the use of EBT during a disaster.

### Section 3 Sequence of Events in Response to Disaster

The RI DHS has historically faced a wide range of disasters and incidents requiring a deployment of field office staff to remote locations. These incidents range from small: e.g. the homeless population residing in “tent city” in Providence, (2009); medium: Station Night Club Fire State disaster response site, (2003); and large: statewide flooding and subsequent co-locating with FEMA at Disaster Assistance Centers, (DACs) or Disaster Response Centers (DRCs), (2010).

Although the response to the 2010 floods was statewide, actual impacted areas were relatively small pocketed areas near rivers and streams that had overflowed their banks. The effect can be considered relatively minor compared to historical disasters that affected much wider regions of the state: 1938 and 1954 hurricanes and well as the blizzard of 1978. Each had a wide reaching and devastating effect on the State’s infrastructure.

The Department and its programs have Federal requirements to plan for and to react to federally declared disasters as well as a moral requirement to react to the relatively smaller State level incidents as the State and/or Department leadership so direct. In order to be prepared to react to these varied disaster levels, the RI DHS will have a 3-tiered response plan known as **Emergency Response Packages**, “ERPs.”

ERPs are designed to be an appropriate level response, both in terms of staffing as well as in equipment to the situation at hand. Subsequent levels are designed to be built on the previous level. The RI DHS goal is to be self-sufficient and able to respond on relatively short notice to all levels of disasters and incidents. Staffing is ad hoc based on the assessed need. At a minimum for safety reasons and **in order to separate the eligibility of EBT benefits and the issuance of the EBT cards, a two-person team responds to the location** in order to assess the needs of the clients and to take applications for RI DHS programs. Staffing may be reduced at a later time based on situational factors (Ex: Applications taken at field site and the EBT cards issued at the local office). **The Department will, at all times, maintain a distinction between staff who authorize benefits and those who issue the EBT cards for access to those benefits.**

**ERP 1:** The lowest level response is designed for a quick mobile response to small State level incidents. The package is comprised of a backpack/ laptop bag with a laptop with wireless connectivity to the internet as well as forms and minimal office supplies- pens, pencils, pads, etc. The assumption is that the local community or other state agency will provide a suitable location for interviews, e.g. table, chairs and shelter as appropriate.

**ERP 2:** Medium level response is designed for medium State level incidents where a more permanent presence over multiple days is expected. The package consists of the ERP1 backpack and equipment with addition of a mobile “tool box /storage container” for additional office supplies. Again, the assumption is that other State or local agencies will provide a suitable location for interviews.

**ERP 3:** The highest-level response is designed for large statewide emergencies requiring a remote office to be set up over an extended period of time. These responses usually include the State EMA or FEMA involvement and are usually a declared “State of Emergency.” Severe situations may greatly reduce State infrastructure and may limit the availability of office supplies and equipment / furniture.

This package consists of the equipment in ERP 1 and ERP 2 as well as a mobile “field desk” system. The field desk is a transportable, durable “box” on wheels that opens to form a two-person desk with a set of six drawers that may be secured with a padlock. There are six DHS Field Desks prepositioned in DHS field offices.

When the state suffered the floods in 2010, as a response, the area was declared a “Federal Disaster Area” and FEMA came to RI to set up DACs. RI DHS staff was co-located at these DAC sites. However, these initial DAC sites included the FEMA mobile vehicle for *their* staff but lacked any facilities for State level staff. ERP3 will allow RI DHS a seamless mobile office to be set up within minutes of notification.

In addition to the ERPs above, a pop-up canopy is available as needed. During the setup of the DACs in 2010, a RI DHS/EOHHS staff member’s personal canopy was used. Neither FEMA nor the State EMA was prepared to set up any tents or canopies to keep staff and clients out of the weather. A 10x20 foot pop up canopy with sidewalls serves as a mobile office space, protecting staff and clients from the elements as much as possible. There is one, dark blue, 10x20 foot canopy located in a storage closet in the DHS central office in Cranston, RI.

Depending on the duration and priority of the response, the State’s Division of Information Technology, DOIT, will be able to hard wire a site for connectivity to the RI Bridges system. Once this is established, an EBT printer will be able to be moved to that location and EBT printing as well as case processing will be able to be established. The state, as a response to the 2020 COVID-19 reaction, has issued laptops to most DHS staff. These laptops have built-in wireless connectivity. As long as there is cell phone connectivity available, the laptops will be able to connect to that system and will be able to VPN into the RIBridges system for D-SNAP processing. The Department, as noted elsewhere in this plan, will maintain separation of responsibility between benefit creation and EBT card issuance.

**In the event of a State or Federally declared disaster with Individual Assistance, ERP 3:**

The Executive Director of RIEMA will assess the disaster and its impact and communicate the disaster information to the National Guard, Adjutant General. The National Guard will communicate this information to the Office of the Governor. The Governor, in consultation with RI DHS, will review the information to decide the need to implement a Supplemental Nutrition Assistance Disaster Program.

The **Director of the Department of Human Services** [RI DHS] is designated to take the lead on the Disaster Supplemental Nutrition Assistance Program upon the decision to implement. Having decided to request to operate a Supplemental Nutrition Assistance Disaster Program, the FEMA/ RIEMA’s Emergency Support Function [ESF] 11, Food staff person, in consultation with the Director of RI DHS will contact the Food and Nutrition Service (FNS) to present the state’s request to operate its Supplemental Nutrition Assistance Disaster Program. It is expected that within 12 hours of the request, FNS will contact RIEMA’s Emergency Support Function [ESF] 11, Food staff person to approve disaster implementation [decision from FNS made by phone, radio, or writing].

Once approved, RIEMA’s Emergency Support Function [ESF] 11, Food staff person will contact the Secretary of Health and Human Services, [EOHHS] / Director of the Department of Human Services [RI DHS] to initiate the Disaster Supplemental Nutrition Assistance Program.

The **RI DHS Disaster Plan Coordinator** will be contacted to begin working with FNS on Emergency Supplemental Nutrition Assistance and to convene the RI DHS Supplemental Nutrition Assistance Program Disaster Response Team (DRT).

A determination of the necessity to run a Disaster Supplemental Nutrition Assistance Program will be made following the occurrence of events that disrupt food access. The following are the steps that will be taken.

## A. Assess Damage

Damage assessment will be carried out by the damage assessment team selected and coordinated by the Executive Director RIEMA who has been designated by the Governor to coordinate all the State's disaster response and relief programs in coordination with his federal counterpart. Depending upon the nature of the disaster, the decision to operate a D-SNAP may need to be made before determining the extent of the damage. Some provisions of the D-SNAP may have to be modified to reflect the exact extent of damage.

The team will:

- 1 Gather facts regarding the types and extent of damage and report findings.
- 2 Determine the extent to which commercial channels of food distribution are available.
- 3 Interface as necessary with other state, local and federal agency representatives to achieve the objectives noted in this paragraph.

## B. Evaluate response options and strategies.

Damage assessment information will be considered when determining which program will be run and making application for that program. The regular Supplemental Nutrition Assistance Program will be run with appropriate waivers when the affected population is fairly small, many in the disaster area are already eligible for Supplemental Nutrition Assistance benefits, or the disaster appears to be fairly short term and only a few modifications are needed to meet the victim's needs.

The Department currently has an agreement with the electric company, RI Energy, which serves the majority of the state, for a post disaster report of effected electric customers. RI DHS has used this successfully for power outage responses.

Additional disaster related demographic data is maintained by the RI EMA and is available to the Department during any level disaster response.

The Disaster Supplemental Nutrition Assistance Program (D-SNAP) will usually be the program considered by the Governor when a Presidential disaster, *with Individual Assistance* has been declared and commercial channels of trade have not been affected or have been restored. The web site: <https://www.fema.gov/disaster-declaration-process>, offers information regarding the Presidential "Disaster Declaration Process."

A Federal Presidential Disaster Declaration with *Individual Assistance* (IA) **must be** declared before a D-SNAP would be authorized by FNS. State Counties that receive IA status will be listed under "Designated Counties" on <https://www.fema.gov/locations>.

## C. Application to Operate a Disaster Supplemental Nutrition Assistance Program

- 1 Applying to operate a D-SNAP will be a two-step process. The application will be made by the Executive Director of the RIEMA Emergency Support Function [ESF] 11, Food staff person, in consultation with the Director of RI DHS and at the direction of the Governor.
  - a. An informal request will be made by phone or fax along with the supporting documentation to FNS. This request will be made within two weeks of the disaster. FNS and RI DHS will negotiate and agree on the terms of the program.

- b. The formal written application will be made within 24 hours of the informal application. The information included in the formal application includes:
- 1 Date and time of disaster
  - 2 Description of the geographical areas in need of assistance, providing maps, if available. Outage maps for power issues (<https://www.rienergy.com/RI-Home/Outage-Central/Outage-Map>) and flood maps for flooding issues are important statistics used by FNS to support food loss
  - 3 Statement that commercial channels of food distribution are available or estimate of when they will be restored and a statement that either: A Presidential Declaration with Individual Assistance has been granted or commercial channels of food distribution were disrupted
  - 4 Determination that low-income households have lost food or are unable to purchase nutritious food
  - 5 Estimate of the number of new households expected to apply and ongoing recipients issued disaster benefits. Using the power outage maps as well as flood maps as appropriate and other disaster related data maps, create an estimate of potential number of applicants. Include this estimate in the request for D-SNAP
  - 6 Recommended length of application period - seven days or less and extend the D-SNAP, if necessary
  - 7 Description of security resources available
  - 8 How EBT cards will be secured
  - 9 A description of the measures that will be taken to: protect staff; provide crowd control; ensure civil rights are maintained and assure fraud control
  - 10 Description of process by which applications will be processed and benefits issued including special procedures for special populations (ongoing recipients, new applicants, elderly/disabled households)
  - 11 Plans for notifying public of availability of disaster Supplemental Nutrition Assistance benefits

**D. Program operations decisions to be made upon determination to operate a D-SNAP.**

- 1 Time for accepting D-SNAP Applications may be up to seven days dependent on the potential number of applicants and number of issuance locations and workers
- 2 Ongoing cases in the disaster area may receive automatic disaster issuance unless there are mitigating circumstances such as automated system failure
- 3 Crowd Control Strategies will depend on the number of potential disasters generating new applicants, the estimated number of applicants that can be served at each site per day, site security, and the availability of volunteers. Strategies may include:
  - a. Line screening by volunteers
  - b. Issuance of numbers to new applicants and serve a certain number each day
  - c. Serve new applicants alphabetically over several days
- 4 The issuance of disaster related benefit EBT cards might be immediate at application site, delayed on-site issuance, or mail issuance. The decision will depend on the number of potential new applicants, estimated value of benefits, security at application/issuance sites, reliability of mail system and if mass feeding or other food is immediately available
- 5 All households must apply for replacement benefits. Affidavits for ongoing recipients may be handled through the mail and ongoing recipients living in the disaster area may receive automatic replacement. The manner in which replacement benefits are issued will depend on the ability of staff to process the affidavits, the reliability of mail system, the size of the disaster area and the time of disaster relative to the benefit issuance schedule. If a site other than a RI DHS office is used,

replacement benefit affidavits may be taken on site by the RI DHS staff with a follow up phone call to a designated eligibility worker who will process the replacement. The paper affidavits will be couriered to the office for inclusion in the case records or scanned into the electronic record when applicable

- 6 The process and locations for receiving D-SNAP applications, processing eligibility and issuing EBT cards will be determined by the DRT after reviewing the nature of the immediate disaster, including but not limited to the scope of the physical area affected, RI DHS staff availability, guidance from the Office of the Governor, RI EMA and FEMA safety concerns, as well as equipment and network availability considerations
- 7 The agency will determine the best procedures for including the assistance of community partners including but not limited to: SNAP Outreach vendors, United Way “211”, Community Actions Programs and the Red Cross. Assistance will be determined by the level of the disaster response
  - a. **ERP 1:** The lowest level response: RI DHS, through the RI DHS PIO, will alert the public through: press release; social media; RI DHS website; RI DHS IVR; RI DHS information TVs in field office lobbies; and the EBT vendor IVR
  - b. **ERP 2:** The response will include the ERP 1 response and build to include coordination with the SNAP Outreach contracted partners. SNAP Outreach providers, in coordination with RI DHS PIO will utilize their established system of community notification and outreach network to further advise the public regarding the current situation and the RI DHS response
  - c. **ERP 3:** Using both ERP 1 and 2 above, this level, through the RI DHS PIO, will extend the information network to a broader base of community partners such as the American Red Cross; Community Action Programs; United Way 211 and others as appropriate based on the area effected by the disaster and the scope of the RI DHS response

#### **E. Requesting an Extension**

- 1 An extension of the D-SNAP (application period, benefit period and/or geographic area) may be requested if the following situations exist:
  - a. A significant number of disaster-affected households cannot be served during the original application period
  - b. The disaster victims are still unable to access resources once the benefit period has expired
  - c. The effects of the disaster are more widespread than originally determined
- 2 RI DHS may informally request an extension by email, phone or fax before the expiration of the original program approval period. A formal written extension request will be submitted to the FNS regional office within 24 hours of the informal extension request

## Section 4 Establishing Application and Issuance Sites

**A. Choosing an Application/Issuance Site** - The exact number and location of application/ issuance sites will be dependent upon the nature and location of the disaster. RI DHS regional and local offices will be the preferred sites since they are best equipped to provide service, facilitate traffic flow and provide for the comfort of applicants. If RI DHS offices are not proximate to the disaster area or are not otherwise available, other service agencies or sites in the affected areas will be selected. RI DHS will consider seeking advice regarding choosing a site from Federal and State government agencies, particularly FNS, the damage assessment team and the DRT.

The following will be the considerations when choosing a site.

- 1 Co-locating with other disaster assistance agencies: FEMA; RIEMA; etc.
- 2 Accessibility of the location to all affected segments of the community
- 3 Size of facility as it relates to the expected number of applicants
- 4 Adequacy of space and/or facilities to address human comfort concerns and illness transmission considerations
- 5 Availability of transportation and/or adequate parking. Necessity of shuttle service, provisions for the disabled and handicapped parking
- 6 Ease with which the site can be connected to the RIBridges system
- 7 Cellular connectivity for text messaging applicant as needed, (for security and/ or bio-hazard (virus) adaptations)

During site selection, the flow of traffic will be a major consideration. Within DHS offices, current security personnel, supplemented with additional security staff will assist in the flow of the client traffic as well as wheeled traffic through the exterior of the site. The Department has stanchions available in each office for use to “line off” and separate the various functions: D-SNAP v. ongoing clients. These stanchions are mobile and would be available for external sites as well. Additional equipment is available through normal purchasing channels as necessary and could be “borrowed” from other State agencies as well. If/ as required, areas will be marked to follow any then current US/ RI Health Department guidelines if the need exists. This would include potential “drive through” services or parking areas that would allow applicants to remain in their vehicles until called or in a special waiting area if they do not have a vehicle.

With the challenges related to the 2016-2017 roll out and implementation of the current RI Bridges system, RI DHS has had a great deal of real-world experience in safely managing large crowds of clients who are seeking benefits at local offices. This experience and lessons learned will be applied to a safe and organized D-SNAP site management situation as well. Additionally, with the 2020 COVID-19 experience, RI DHS will use Health Department guidelines for “social distancing” of staff and clients as directed.

Actual site selection will be determined by Department Director with input from the DRT in an appropriate response to the scope and location of the disaster response. RI DHS will also coordinate with the Governor’s office as well as other state agencies for locations. Historically, RI DHS has been directed by the Governor’s office and RIEMA as to the appropriate locations available. FEMA field locations have also been made available for co-location. The state has always made resources available as needed for an appropriate response location.

There are no DHS specific pre-coordinated sites for a RI DHS disaster response.

## **B. Layout and Traffic Flow**

Layout is key to minimizing bottlenecks, keeping the traffic moving and reducing security risks. RI DHS may consult with State and local law enforcement officials and/or FEMA Federal security agents and/or the RI ARNG regarding safety issues and RI DOH for any health related/ biohazard (virus) concerns.

The following will be considered in designing the layout and traffic flow of disaster benefit application/issuance sites:

- 1 Private break areas and restrooms for staff and discreet accommodations made for elderly/disabled applicants will enhance Staff/Applicant security. It may also be necessary and appropriate to provide meals for staff
- 2 Crowd control measures will include applicant lines arranged to reduce crowd density and arranged to keep traffic moving. Notices may be posted to estimate waiting time for steps in the application process. Ropes and barriers will be set up to help direct the flow of traffic. Extra staff may be assigned to greet applicants as they enter in order to appropriately screen, advise and direct them to the correct service area or line
- 3 Interview areas will be situated to provide for comfort and protect client confidentiality
- 4 Human comforts will be enhanced by keeping wait times to a minimum while assuring that each applicant is given adequate time to apply. Protection from the elements and potential biological contagions will be provided as well as water/food may be made available in case of long wait times. Clean and sanitary private restroom facilities will be available as well as areas to wait for transportation



### **C. Application/Issuance Site Staff**

The application/issuance site will need the following staff. Per FNS direction, the duties of certification of benefits and the issuance of the EBT cards must be separated:

- 1 Eligibility staff (including bilingual workers) to:
  - a. Help complete the Rhode Island D-SNAP Application
  - b. Screen applications:
    - 1) For completeness
    - 2) For verification
    - 3) For duplicate participation
  - c. Interview and certify applicants which will consist of:
    - 1) Conducting the interview
    - 2) Verifying information as required and appropriate
    - 3) Determining eligibility and preparing the issuance document
    - 4) Instructing the applicant on the use of Supplemental Nutrition Assistance Program benefits
    - 5) Preparing a file for the applicant
    - 6) Conducting onsite reviews (one or two supervisors per site necessary depending upon the number of applicants)
- 2 Clerical/support staff:
  - a. Secure and Issue EBT cards
  - b. Perform usual clerical duties
  - c. Assist in screening and completion of applications
- 3 Fraud Unit workers
- 4 Translators/interpreters
- 5 Other volunteers to help screen and complete applications
- 6 Medical volunteers if not provided / covered by co-located agencies/ RIEMA/ FEMA
- 7 If a bio-hazard situation warrants, based on recommendations from the RI DOH, consideration should be given to assigning “at risk” staff to tasks with less applicant contact to minimize exposure

### **D. Equipping the Application/Issuance Site**

The types and amount of equipment necessary will be determined by the number of applicants to be seen and the layout of the site. The specific needs of a particular site will be determined by the RI DHS Director, RI DHS Associate Director, DHS Program Operations, and the DRT.

- 1 All supply and equipment requests will be directed to the RI DHS Director or his/her designee
- 2 All requests from disaster application/issuance site(s) shall be identified as EMERGENCY and immediately processed
- 3 Requests for Benefits will be made via the Rhode Island Disaster SNAP Application (Exhibit C)
- 4 A special account will be maintained to track disaster program expenses
- 5 ERPs will be used as needed/ assessed
- 6 Additional requests for emergency supplies will be made through the RI DHS Director or his/her designee:
  - a. If requested items are available, the emergency shipment will be processed immediately and dispatched in the most expeditious manner possible to the site
  - b. If requested items are not available, Program Operations will identify what is not available and evaluate with the Disaster Coordinator, a possible substitute

- c. As required by then current conditions, services for cleaning and sanitizing work, rest, waiting area, bathroom and meal areas as directed/ suggested by RI DOH
- 7 Program Operations may need to borrow or transfer equipment, etc., from other offices/ agencies
  - 8 Supplies should be inventoried to provide controls. Inventories are to be completed at the opening and closing of the application/issuance site(s)
  - 9 Program Operations shall provide mail service as quickly as possible. Special courier services may be necessary
  - 10 Program Operations will provide and procure as necessary vehicles for:
    - a. Transport of necessary staff and equipment to designated disaster areas
    - b. Obtaining law enforcement assistance as necessary
    - c. Other operational functions
  - 11 Minimally, the mature site should have:
    - a. Tables/desks, chairs (for issuance clerks to check documents, etc.)
    - b. Chairs and tables for the use of applicants
    - c. Copy machine
    - d. Fax machine
    - e. Computers
    - f. Telephones (cellular if regular service is not available)
    - g. Portable radios/walkie-talkies
    - h. All necessary forms translated into the languages appropriate to the demographics of the disaster site
    - i. Pens, pencils, staplers, file folders, staples etc.
    - j. Signs (for various directives and identification of processing areas)
    - k. Hand-outs in appropriate languages explaining use of Supplemental Nutrition Assistance benefits and fraud control measures
    - l. As required by the then current conditions, health safety-PPE stock should be made available for staff and for applicants. This may include, but not limited to PPE: gloves; masks; hand sanitizer; surface sanitizer and additional items as required/ suggested by the RI DOH for safe operations and applicant interactions
    - m. As required by then current conditions, considerations should be made for establishing physical barriers, such as “sneeze shields” for applicant – staff interface areas. Appropriate RI DOH recommended social distancing barriers, partitions, and/or floor markings as example, will be used along with appropriate signage explaining requirements will be used to follow established/ recommended guidelines

## Section 5 Eligibility and Verification

### A. Eligibility Requirements for the Disaster Supplemental Nutrition Assistance Program

- 1 The applicant must have been living in the disaster area at the time of the disaster; may also be eligible if living in the state at the time of the disaster but temporarily outside the disaster area at the time of the disaster; may also work in the area of the disaster and experienced lost income due to the disaster
- 2 Must plan on purchasing food during the benefit period
- 3 The applicant must have experienced at least one of the following adverse effects as a result of the disaster:
  - a. Damage to or destruction of the household's home or self-employment business
  - b. Disaster-related expenses not expected to be reimbursed during the benefit period e.g., home or business repairs, temporary shelter expenses, evacuation, home/business protection, disaster related personal injury including funeral expenses
  - c. Lost or inaccessible income, including reduction or termination of income, or a delay in receipt of income for half the benefit period
  - d. Inaccessible liquid resources, e.g., banking institution is closed due to the disaster
  - e. The total income received during the benefit period, plus accessible liquid resources, minus certain disaster related expenses should not exceed the disaster gross income limit
  - f. Special cases: (a) applicants who are temporarily staying in a shelter but not expected to remain there for the entire benefit period **ARE** eligible for D-SNAP benefits. (b) An applicant who has an application pending for the regular Supplemental Nutrition Assistance Program is **NOT** considered as an on-going recipient for purposes of determining eligibility or amount of disaster benefits
  - g. The applicant must meet the income and resource test in order to qualify for the D-SNAP TEST- The household's total income received (or expected to receive) during the benefit period **plus** its accessible liquid resources **minus** a deduction for disaster-related expenses **shall not exceed** the disaster gross income limit
  - h. Maximum deductions will be used

### B. Verification Requirements for the Disaster Supplemental Nutrition Assistance Program

- 1 Verification rules are eased during a disaster to reduce administrative burdens and to reflect the reality that households and eligibility workers will not have access to usual verification sources
- 2 Some things **must** be verified, some things should be verified **where possible**, and others can be verified **if questionable**
- 3 Verification requirements:
  - a. Identity. Must be verified
  - b. Residency. Verified where possible
  - c. Duplicate participation check will be conducted via the RIBridges system as benefits are issued through the system and are made available on issued EBT cards
  - d. Household composition. Verify if questionable
  - e. Loss or inaccessibility of liquid resources or of income. Verify where possible
  - f. Food loss. Verify if questionable
  - g. All rules regarding authorized representatives are the same as those for the regular Supplemental Nutrition Assistance Program
  - h. Benefits will **not** be issued to a household that refuses to sign the Disaster Supplemental Nutrition Assistance Program Application

**C. Amount of Benefits (Once a specific waiver request has been made for each category and subsequently approved by FNS)**

- 1 Ongoing recipients will receive disaster Supplemental Nutrition Assistance Program benefits equal to the maximum benefit amount for the household size through a supplement
- 2 New applicants: An eligible household will receive disaster Supplemental Nutrition Assistance benefits equal to the disaster benefit amount for the household size

**D. Time Between Application and Receipt of Disaster Benefits.**

- 1 Benefits may be received at the time of application when possible
- 2 Benefits must be received within three days of application

**E. Applicant Pool**

The applicant pool will be expanded to include those not usually eligible for assistance such as *students, strikers, non-citizens, work program participants and disqualified individuals (IPVs)*

**F. Fair Hearings**

Applicants will be made aware at the application/issuance site of their right to a fair hearing by eligibility staff

- 1 Any household denied disaster benefits may request a fair hearing. If a hearing has been requested, the household is entitled to an immediate supervisory review
- 2 Hearing requests will be time stamped, entered into the case note and will be sent to the hearing office for processing daily
- 3 Any withdrawal of a hearing request must be made in writing by the household

**G. Records and Reporting**

- 1 Records of issuance through the D-SNAP will be kept separately from records of regular program issuance. Information contained in the disaster program files will be adequate to complete the FNS-292, Report of Disaster Issuance
- 2 Reporting - The following information will be captured for completion of the following:
  - a. Daily D-SNAP report which contains:
    - 1) Number of households approved (new and ongoing)
    - 2) Number of persons approved (new and ongoing)
    - 3) Value of benefits approved (new and ongoing)
    - 4) Average benefit per household
    - 5) Number of households denied
  - b. FNS-292, Report of Disaster Issuance
  - c. FNS-46, Issuance Reconciliation Report; Remarks will be added explaining what portion of the D-SNAP was reported in the Gross, Returns and Net Issuance lines. The information on the FNS-46 will be reconciled with the information on the FNS-388
  - d. FNS-388, Monthly Issuance Report; to be reconciled with the reported net issuance on the FNS-46
  - e. FNS-209, Status of Claims Against Households Report; report will indicate the number of claims established and collected against D-SNAP benefits; the numbers will be included in line 4 and lines 14,16 and 18(a) and will be identified on backup documentation in accounting systems
  - f. FNS-388, Monthly Issuance Report

- g. Regular Supplemental Nutrition Assistance issuance and stamp inventory reports
- h. Daily reports may be consolidated at the command center and submitted to FNS through the region

## **Section 6 Disaster Benefit Issuance**

### **A. Application Process**

- 1 Ongoing recipients living in the disaster area will not be required to apply for D-SNAP benefits
- 2 New applicants including pending applicants not yet approved must apply for disaster benefits at the application/issuance site

### **B. Benefit Amounts**

- 1 D-SNAP benefits will be calculated and issued to ongoing households once an approval waiver has been granted by FNS. Disaster benefits will be Supplemental Nutrition Assistance Program benefits, which in addition to the monthly allotment equals the maximum Supplemental Nutrition Assistance Program benefit amount for the household size
- 2 Disaster benefits issued to new applicants, once an approval waiver has been granted by FNS, will be equal to the maximum Supplemental Nutrition Assistance Program amount for the household size

### **C. Benefit Delivery**

The Rhode Island Department of Human Services will determine the most effective and efficient manner to issue Supplemental Nutrition Assistance Program benefits in a particular disaster situation. RI DHS has laptops available. RI Bridges worker portal applications can be completed and the printing EBT cards from a remote site is planned. This process will be used, assuming availability of internet access

If internet availability is non-existent, paper applications will be taken, and applications will be processed through local RI DHS offices with hard wired connectivity. SNAP applications and EBT cards will be brought to the respective offices and field sites via a “runner” or clients may be directed to the local offices to pick up cards. The final process will be determined as the situation presents itself and will remain dynamic as the environment develops

Once a completed paper D-SNAP application is received, it will be immediately entered into RI Bridges through the worker portal by eligibility staff. Benefits will be delivered and made available to the D-SNAP applicant clients within three (3) days of the application or within seven (7) days if the information on the application is questionable. The RI Bridges system does not support on-line, client entered D-SNAP applications. No electronic signature is available at this time

The D-SNAP benefits are uniquely coded in the RIBridges system, enabling the Department to account for them as such. Benefits that are issued through an application at a disaster relief center will be communicated to FIS using the established real time interfaces. If this interface is not available these benefit amounts will be sent to FIS using the defined batch process that is currently in place

When issuing benefits for a mass supplement the benefit amounts will be associated with the client’s existing EBT card through the defined batch processes that will be sent to FIS nightly

Daily or as available based on the situation, the paper applications and any supporting documents will be sent to the scanning center or to a field office for scanning into the electronic case file

With the experience of the 2020 COVID19 response, RI DHS, based on the then current conditions will consider all available alternatives to minimize the duration of the face-to-face contact with applicants. As an example, RI DHS will begin to work to develop a pre-registration application. Currently, as of this document creation, the Department’s application software does not support an electronic pre-registration application or an electronic, client-initiated application

As appropriate, the Department will explore and consider alternative courses of action to minimize client and staff exposure to potential health issues: Longer site hours to enable the total number of applicants to be time-spread out; Limiting the number of individuals from a household group to participate in the application process/ attending the application site; Appointment scheduling – reducing the amount of walk in traffic; Potential “drive-thru” locations which could limit staff exposure to client contact will also be explored when selecting a location and standing up a DSNAP

#### **D. EBT Card Stock**

RI DHS EBT card stock is maintained in the SNAP office as well as in each of the six field offices operating the SNAP program. The RI DHS will use the current EBT card stock for D-SNAP purposes and will not plan for any specially produced or “disaster” labeled stock.

In order to meet the potential increased need for cards during a D-SNAP, excess cards will be maintained at the SNAP office as well as in each field office. The SNAP Office currently maintains a disaster reserve of approximately 10,000 cards. This amount is a “normal operation” two to three-month supply. A minimum reserve balance will be maintained in each office and will be rotated in, first in first out, with everyday card production. This process eliminates any issue with old or stale card stock. It also minimizes the impact of card stock availability should a disaster on a single RI DHS location effect that location’s inventory.

The EBT vendor will maintain a pre-printed stock of 50,000 RI DHS EBT cards in their location which will be rotated with normal, ongoing requests to ensure there are no “stale” cards. These additional cards can be sent to RI DHS within a normal 48-hour turn-around time during a D-SNAP request. RI “normally” uses approximately 50,000 EBT cards per year.

The EBT Coordinator will, as part of the disaster response planning period, prior to the activation of the D-SNAP application period, in conjunction with the DRT, determine the extent of the disaster and the need for additional EBT card stock and printing supplies.

Based on this potential need, EBT card stock and related supplies will be assessed, and additional cards and supplies will be ordered prior to the activation of the application period for the D-SNAP.

As stated above, as needed the EBT card stock and printing supplies will be re-allocated from unaffected field offices and the SNAP office to the response sites.

As experienced during the 2020 COVID19 SNAP response, the situation was country wide, leading to a nationwide shortage of EBT cards. Printing companies were overwhelmed, leading to extended waiting periods for card orders. RI was able to anticipate the need for cards and was able to get an order.

## **Section 7 Post Disaster Activity**

### **A. Closing Out the Application/Issuance Site**

The following will be completed in closing out an application/issuance site:

- 1 Case Files
  - a. Alphabetize applicant files
  - b. Include issuance documents in each file
  - c. Review files to determine duplication
  - d. Determine length to retain files
  - e. Put files in boxes marked with site and box number
  - f. Scan files in system where/when available
- 2 Issuance Records
  - a. Reconcile issuance at all sites
  - b. Put issuance logs and records in boxes marked with site and box number
  - c. Forward to Central Office
- 3 EBT Cards and/or Checks - Return EBT Cards/Checks to storage site
- 4 Equipment (not belonging to disaster issuance site)
  - a. Take inventory of all equipment and other supplies, and compare with initial inventory
  - b. Return equipment to lender, as appropriate
- 5 Staff
  - a. Complete time sheets for all personnel, including temporary personnel
  - b. Personnel will return to their regular assignments
- 6 Building
  - a. Clean as much as possible
  - b. Maintain security until site is emptied of disaster issuance materials

### **B. Transition Back to the Regular Supplemental Nutrition Assistance Program**

- 1 In most instances the D-SNAP will adequately serve the disaster population. If this is the case, there will be an immediate return to regular Supplemental Nutrition Assistance Program benefits. If a D-SNAP recipient household becomes eligible for ongoing Supplemental Nutrition Assistance benefits, the application will be applied to the month subsequent to the month(s) where D-SNAP benefits were received.
- 2 Under certain circumstances it may not be advisable to return to the regular Supplemental Nutrition Assistance Program. For example, if a large part of the population affected by the disaster would not qualify for regular Supplemental Nutrition Assistance benefits but is still in need of assistance, or if the State needs administrative relief to serve the disaster population, RI DHS may wish to consider delaying the immediate return to regular operations. This option will be decided by the DRT, Governor's office and the FNS.



### **C. Claims and Restored Benefits**

- 1 RI DHS will establish claims and issue repayment demand letters for over-issuances resulting from:
  - a. Intentional Program Violations (IPVs)
  - b. Inadvertent Household Errors (IHEs)
  - c. Administrative Errors (AEs).
- 2 Claims will be established no later than three months after the close of the disaster operation.
- 3 RI DHS shall restore to households the amount of Supplemental Nutrition Assistance Program benefits that were lost:
  - a. Due to an agency error.
  - b. When a denial of benefits is subsequently reversed.
  - c. The accountability system must clearly indicate that an issuance was a restored benefit.

### **D. Post-Disaster Review**

A program assessment group will be designated by the DRT who will conduct a post disaster review of certification, issuance and fraud prevention. RI DHS will select, and review 0.5% sample of cases certified for disaster issuance, up to a maximum sample size of 500 and a minimum sample size of 25 cases to be reviewed. Post-review actions will include determining whether or not to file a claim, conducting an error analysis, and taking corrective action.

RI DHS will review its fraud prevention procedures, especially those meant to curtail duplicate issuance. If weaknesses are apparent, RI DHS shall make changes and amend the D-SNAP to take these changes into account.

Employee disaster benefit applications will be maintained in a separate secure location, apart from non-employee applications. An Office Supervisor, or other appropriate level appointee will have responsibility for the *processing*, *security* and *confidentiality* of these applications.

The Corrective Action Officer will review these employee applications during the post disaster review for accuracy and accountability.

A report on this review will be provided to FNS within six months after the end of the disaster application period.

The SNAP Corrective Action officer, having maintained a daily log of lessons learned, will conduct a debriefing of the DRT. Adjustments to the RI DHS SNAP Disaster Plan will be made accordingly and the lessons learned will be forwarded to the USDA FNS NERO for inclusion in their records.

The RI Bridges system supports the electronic review and report generation for the review of case files for the Post Review.

Additionally, RI Bridges will produce D-SNAP data for the reports: FNS 46, FNS 209 and FNS 388. During the RIBridges programming of these reports, D-SNAP benefits were considered and included in the reporting process.

# EXHIBIT A Acceptance Letter

RI DHS SNAP Office  
Address

Name  
Address

Date

Dear xxxx,  
Based on the information we have, the following actions have been taken:

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Your application for Disaster SNAP benefits has been approved. Your certification covers the disaster benefit period from \_\_\_\_\_ through \_\_\_\_\_.

Your one-time Disaster SNAP benefit allotment for a household of \_\_\_\_\_ is \_\_\_\_\_.

The table below shows how we calculated the Disaster SNAP benefit for your household. We used information you gave us on the Application for Disaster Supplemental Nutrition Assistance to determine your household's Disaster SNAP benefit amount.

| Disaster SNAP Benefit Calculation:  |     |                 |
|---|-----|-----------------|
| a. Anticipated Income   | \$  |                 |
| b. Accessible Cash Resources  | (+) |                 |
| c. Total disaster period income = (a+b)   | (=) |                 |
| d. Total allowable disaster related expenses  | (-) |                 |
| e. Accessible disaster period income = (c-d)  | (=) |                 |
| f. Maximum disaster income limit for household size (use information from disaster table) |     | Household size: |
| If (e) is equal to or less than (f), the household is eligible.                           |     |                 |
| g. Disaster allotment (from disaster table)   |     |                 |
| h. Regular allotment already received (in any)  | (-) |                 |
| i. Net disaster allotment (g-h)   | (=) |                 |

### RIGHTS – READ CAREFULLY

You have a RIGHT to request, and if found eligible, to receive Supplemental Nutrition Assistance Program benefits based on policies and standards established under State and Federal laws and regulations. You have a RIGHT to appeal and to receive a Hearing before a Hearing Officer of the Department if you are dissatisfied with any Department decision, or if the Department delays in making a decision. If you request a Hearing, your appeal will be heard promptly. You may be represented by a lawyer or any other person you select to appear on your behalf. If you are not satisfied with any Department decision regarding your application, you have a right to request a hearing. You must request a hearing within ninety (90) days from the date you receive a written notice for Supplemental Nutrition Assistance Program benefits.

You have a RIGHT to non-discriminatory treatment. 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, audiotope, 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, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider. In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 206 Elmwood Avenue, Providence, Rhode Island 02907, telephone number 415- 8500 (for deaf/hearing impaired 1-800-745-5555 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI, the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for civil rights compliance for all agency programs. You have a RIGHT to confidentiality. Under state law, all agencies administering programs included as part of this application are bound by state and federal laws and regulations to use information about you and other members of your household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information. The Department does not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12, 40-6-12.1, and 42-7.2-5(13), regulations PAGE 10 set forth in the DHS Administrative Code. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.

**EXHIBIT B Denial Letter**



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DISASTER BENEFIT DENIAL NOTICE**

DATE \_\_\_\_\_

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

Dear \_\_\_\_\_,

According to the latest information we have, your application for SNAP disaster benefits has been denied for the reason(s) indicated below:

- You are an active SNAP recipient. Active SNAP recipients are not eligible for SNAP disaster benefits.
- You did not sign the application for Disaster SNAP benefits.
- You do not meet the income or resource criteria for receipt of SNAP disaster benefits.
- You failed to provide proof of your identity.
- You have already submitted an application for SNAP disaster benefits.
- You have already received disaster benefits for another disaster within this benefit period.
- You have already been reimbursed for the loss of income during this disaster.
- You do not reside in the state of Rhode Island.
- You were a resident of a shelter during the disaster benefit period.
- You do not reside in an area affected by the disaster.
- You failed to participate in an interview.
- Your request was received after the allowable application period for this disaster.
- Other \_\_\_\_\_

**Please Note:**

If you are an active SNAP recipient, you are not eligible for SNAP disaster benefits. If you have lost food due to this disaster, you may apply for a replacement of the SNAP benefits that you lost. Contact your local office for more information or visit the RI DHS web page at <http://www.dhs.ri.gov/Programs/SNAPOtherForms.php>.

Your request may be reconsidered if you provide any missing information within ten (10) days of this notice. Please contact your local RI DHS office if you have any questions about this notice.

**\*\*\* IMPORTANT \*\*\***

**SEE OTHER SIDE FOR AN EXPLANATION OF YOUR APPEAL RIGHTS AND ADDITIONAL INFORMATION**

### **APPEAL RIGHTS – READ CAREFULLY**

**You have a RIGHT** to appeal and to receive a Hearing before a Hearing Officer of the Department if you are dissatisfied with any Department decision, or if the Department delays in making a decision. If you request a Hearing, your appeal will be heard promptly. You may be represented by a lawyer or any other person you select to appear on your behalf. If you are not satisfied with any Department decision regarding your application, you have a right to request a hearing. You must request a hearing within ninety (90) days from the date you receive a written notice for Supplemental Nutrition Assistance Program benefits.

### **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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior credible activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a 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](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 206 Elmwood Avenue, Providence, Rhode Island 02907, telephone number 415- 8500 (for deaf/hearing impaired 1-800-745-5555 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI, the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for civil rights compliance for all agency programs. You have a RIGHT to confidentiality. Under state law, all agencies administering programs included as part of this application are bound by state and federal laws and regulations to use information about you and other members of your

household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information.

The Department does not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12, 40-6-12.1, and 42-7.2-5(13), regulations set forth in the DHS Administrative Code. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.

# EXHIBIT C Daily Reporting Form

## 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> |                |              |         |                |                        |                   |                      |         |                |                            |                              |
|                           |                |              |         |                |                        |                   |                      |         |                |                            |                              |
|                           |                |              |         |                |                        |                   |                      |         |                |                            |                              |
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|                           |                |              |         |                |                        |                   |                      |         |                |                            |                              |
|                           |                |              |         |                |                        |                   |                      |         |                |                            |                              |
|                           |                |              |         |                |                        |                   |                      |         |                |                            |                              |
| <b>Location TOTAL:</b>    | 0              | 0            | 0       | 0              |                        |                   | 0                    | 0       | 0.00           |                            | 0                            |

# EXHIBIT D

## D-SNAP Application (English)

|  |          |   |                          |
|--|----------|---|--------------------------|
| <b>APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE (D-SNAP)</b><br><br><i>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.</i><br><i>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.</i><br><i>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a 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.</i><br><i>This institution is an equal opportunity provider.</i> |          | <b>Disaster Benefit Period</b>                        |                          |
|  |          | Begin :   | End:                     |
|  |          | Number:   |                          |
|  |          | Application<br>Date:                                  |                          |
| <b>DO NOT WRITE IN SHADED AREAS.</b>   |          |   |                          |
| <b>INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any required information, it will not be eligible to receive D-SNAP benefits. When you are interviewed, you must show identification and may be required to verify your residency {insert "place of work" if applicable to disaster} in the disaster area at the time of the disaster, household composition, and disaster related expenses. You can authorize someone outside your household to apply for, receive, or use your Disaster Supplemental Nutrition Assistance benefits.</b>   |          |   |                          |
| Head of Household  | Verified | Authorized Representative                             |                          |
| Permanent Home Address with zip code   | Verified | Temporary Address and Telephone Number (if different) |                          |
| Phone Number(s):   | Verified | Mailing Address (if different) with zip code          |                          |
| County:  |          |   |                          |
| <b>PART A – HOUSEHOLD SITUATION</b>  |          |   |                          |
| Was your household living {insert "working" if applicable to disaster} in the disaster area at the time of the disaster?<br>If yes, please answer the following questions:   |          | YES   | NO                       |
| Did the disaster damage or destroy your home or self-employment property?  |          | <input type="checkbox"/>                              | <input type="checkbox"/> |
| Does your household have any additional expenses as a result of the disaster?  |          | <input type="checkbox"/>                              | <input type="checkbox"/> |
| Does your household plan to buy food before {insert end date of disaster period}?  |          | <input type="checkbox"/>                              | <input type="checkbox"/> |





| 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. |           |
|   | \$ AMOUNT |  | \$ AMOUNT |
| Checking accounts   |           | Dependent care due to disaster   |           |
| Saving accounts   |           | Funeral/medical expenses due to disaster   |           |
| Cash on hand  |           | Moving and storage costs due to disaster   |           |
|   |           | Temporary shelter expenses   |           |
|   |           | Cost to protect property during disaster   |           |
|   |           | Cost to repair/replace 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 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 fair hearing orally or in writing.

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

DATE: \_\_\_\_\_

**PART G – PENALTY WARNING**

If your household gets Supplemental Nutrition Assistance benefits, it must follow the rules listed below. This application is subject to review by Federal and State authorities to make sure you were eligible for disaster aid.

**DO NOT give false information or hide information to get or to continue to get Supplemental Nutrition Assistance benefits. DO NOT give or sell Supplemental Nutrition Assistance benefits or authorization documents to anyone not authorized to use them.**

**DO NOT alter any Supplemental Nutrition Assistance authorization documents to get benefits you are not entitled to. DO NOT use Supplemental Nutrition Assistance benefits to buy unauthorized items such as alcohol or tobacco.**

**DO NOT use another household's Supplemental Nutrition Assistance benefits or authorization documents for your household.**

*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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior credible activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a 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](mailto:program.intake@usda.gov).*

*USDA is an equal opportunity provider, employer, and lender.*

*In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), the Age Discrimination Act of 1975, the U.S. Department of*

*Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 206 Elmwood Avenue, Providence, Rhode Island 02907, telephone number 415-8500 (for deaf/hearing impaired 1-800-745-5555 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI, the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for civil rights compliance for all agency programs.*

*You have a RIGHT to confidentiality. Under state law, all agencies administering programs included as part of this application are bound by state and federal laws and regulations to use information about you and other members of your household only for purposes directly related to the administration of the programs and in compliance of the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information. The Department does not release information about you or other members of your household without your consent except as provided in Rhode Island General Laws 40-6-12, 40-6-12.1, and 42-7.2-5(13), regulations set forth in the DHS Administrative Code. Any person found guilty of violating the provisions of Rhode Island General Laws 40-6-12 shall be deemed guilty of a misdemeanor. Violators are subject to a maximum fine of two hundred dollars (\$200), or imprisonment of up to six (6) months, or both.*

## D-SNAP Application (Spanish)

|   |            |   |                                |
|---|------------|---|--------------------------------|
| <b>SOLICITUD DE AYUDA PARA NUTRICIÓN EN SITUACIONES DE DESASTRE (D-SNAP)</b>  |            | <b>Período de Beneficio en Caso de Desastre</b>             |                                |
| <p><i>De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, credo religioso, discapacidad, edad, creencias políticas, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.</i></p> <p><i>Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o con discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] llamando al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.</i></p> <p><i>Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: How to File a Complaint. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: 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; o (3) correo electrónico: program.intake@usda.gov.</i></p> <p><i>Esta institución es un proveedor que ofrece igualdad de oportunidades..</i></p> |            | Iniciar:  | Fin:                           |
|   |            | Número:   |                                |
|   |            | Fecha de Solicitud:   |                                |
| <b>INSTRUCCIONES: Complete la presente solicitud honestamente según su leal saber y entender. Si su unidad familiar conoce, pero se niega a dar cualquier dato solicitado, no será elegible para recibir ayuda para nutrición. Cuando lo entrevisten, deberá presentar una identificación. Deberá presentar documentación que pruebe que su unidad familiar vivía {insertar "o trabajaba" si corresponde a la situación de desastre} en la zona de desastre al momento de ocurrido el desastre, los edades, generos de los miembros de su familia, y egresos relacionados al desastre. Usted puede autorizar a alguien ajeno a su unidad familiar para que solicite, reciba o utilice su ayuda para nutrición en situaciones de desastre.</b>   |            |   |                                |
| Jefe de la Unidad Familiar  | Verificado | Representante Autorizado                                    |                                |
| Dirección Particular Permanente con Código Postal   | Verificado | Dirección Temporal y Número de Teléfono (si son diferentes) |                                |
| Número de Teléfono  |            | Dirección Postal (si es diferente) con código postal        |                                |
| Condado:  |            |   |                                |
| <b>SECCIÓN A – SITUACIÓN DE LA UNIDAD FAMILIAR</b>  |            |   |                                |
| ¿ Su unidad familiar vivía {insertar "o trabajaba" si corresponde a la situación de desastre} en la zona de desastre al momento de ocurrido el desastre? Si responde que sí, conteste las siguientes preguntas:   |            | Sí<br><input type="checkbox"/>                              | No<br><input type="checkbox"/> |
| ¿El desastre dañó o destruyó su casa o la propiedad donde trabaja por cuenta propia?  |            | <input type="checkbox"/>                                    | <input type="checkbox"/>       |
| ¿Como consecuencia del desastre, ¿su unidad familiar tiene algún gasto adicional?   |            | <input type="checkbox"/>                                    | <input type="checkbox"/>       |
| ¿Su unidad familiar planea comprar alimentos antes del {insertar fecha de finalización del período de desastre}?  |            | <input type="checkbox"/>                                    | <input type="checkbox"/>       |
| ¿El desastre retrasó, redujo o interrumpió cualquiera de los ingresos de su unidad familiar?  |            | <input type="checkbox"/>                                    | <input type="checkbox"/>       |
| ¿Su unidad familiar tiene dinero depositado en cuentas corrientes o cuentas de ahorro a las que no puede acceder porque el banco está cerrado debido al desastre?   |            | <input type="checkbox"/>                                    | <input type="checkbox"/>       |

|  |                                |                                |
|--|--------------------------------|--------------------------------|
| ¿Participa actualmente en SNAP (el programa de cupones para alimentos)?<br>Si responde que sí, indique Estado:                      Condado: | Si<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| ¿Alguien en su familia tiene empleo en {inserte el nombre de la agencia de SNAP} ¿   | <input type="checkbox"/>       | <input type="checkbox"/>       |

Indique los integrantes de su unidad familiar, incluido usted, que se vieron afectados por el desastre y que viven y se alimentan en su unidad familiar. Indique el número de seguro social de cada integrante de la unidad familiar si está disponible. No obstante, los solicitantes *no están obligados* a tener o dar un número de seguro social en esta solicitud, a fin de tener derecho a recibir Ayuda Para Nutrición en Situaciones de Desastre. Además, indique la fecha de nacimiento, el sexo, la raza (opcional) y la fuente y el monto de ingresos netos de cada integrante de la unidad familiar. Indique cualquier otro ingreso que los integrantes de su unidad familiar hayan recibido o esperen recibir mientras esté vigente el Programa de Ayuda para Nutrición en Situaciones de Desastre.

**NO INCLUYA A PERSONAS QUE NO INTEGRABAN SU UNIDAD FAMILIAR CUANDO OCURRIÓ EL DESASTRE.**

**SI DEBIDO AL DESASTRE SE ENCUENTRA VIVIENDO TEMPORALMENTE CON OTRA UNIDAD FAMILIAR, NO INCLUYA A LOS INTEGRANTES DE DICHA UNIDAD FAMILIAR.**

| SECCIÓN B – INTEGRANTES DE LA UNIDAD FAMILIAR (Agregue hojas si necesita más espacio) |                     |                     |      |                 | SECCIÓN C – INGRESOS |       |
|---|---------------------|---------------------|------|-----------------|----------------------|-------|
| Nombre / Apellido   | Nº de Seguro Social | Fecha de Nacimiento | Sexo | Raza (opcional) | Fuente / Tipo        | Monto |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |
|   |                     |                     |      |                 |                      |       |

| SECCIÓN D – RECURSOS  | SECCIÓN E – GASTOS  |
|---|---|
| Indique todo el dinero al que su unidad familiar <i>podrá</i> tener acceso durante el período de beneficio en caso de desastre. | <b>Indique los gastos provocados por el desastre que su unidad familiar pagó o espera pagar durante este desastre.</b><br><br><b>NO INCLUYA GASTOS QUE FUERON O SERÁN PAGADOS POR ALGUIEN AJENO A SU UNIDAD FAMILIAR. NO INCLUYA GASTOS QUE LE FUERON O LE SERÁN REEMBOLSADOS ANTES DEL FINAL DEL PERÍODO DE BENEFICIO EN CASO DE DESASTRE.</b> |
| MONTO   | MONTO   |

|                    |  |  |  |
|--------------------|--|--|--|
| Cuentas corrientes |  | Gastos del cuidado de los dependientes                 |  |
| Cuentas de ahorros |  | Gastos de funeral o médicos por lesiones personales    |  |
| Dinero en efectivo |  | Gastos de evacuación                                   |  |
|                    |  | Gastos de albergue temporal                            |  |
|                    |  | Costos de protección de vivienda o propiedad comercial |  |
|                    |  | Gastos de reparación de vivienda o propiedad comercial |  |
|                    |  | Otros gastos por el desastre                           |  |
|                    |  | Gastos de almacenamiento                               |  |

#### SECCIÓN F – CERTIFICACIÓN Y FIRMA

Entiendo las preguntas de esta solicitud y las sanciones por ocultar datos o suministrar información falsa. Mi unidad familiar necesita asistencia alimentaria inmediata como consecuencia del desastre. Certifico, bajo pena de falso testimonio, que la información que he suministrado es correcta y está completa a mi leal saber y entender. Además, autorizo la divulgación de toda información necesaria para determinar la exactitud de mi certificación. Entiendo que si no estoy de acuerdo con cualquier medida que se tome en mi caso, tengo derecho a solicitar oralmente o por escrito una audiencia justa e imparcial.

SOLICITANTE, REPRESENTANTE AUTORIZADO O TESTIGO (si firma con una X)

FECHA: \_\_\_\_\_

#### SECCIÓN G – ADVERTENCIA SOBRE SANCIONES

*Si su hogar obtiene beneficios de Asistencia Nutricional Suplementaria, debe seguir las reglas que se enumeran a continuación. Esta solicitud está sujeta a revisión por las autoridades federales y estatales para asegurarse de que usted era elegible para ayuda de desastre.*

**NO dé información falsa u ocultar información** para obtener o continuar recibiendo beneficios de Asistencia Nutricional Suplementaria. **NO** dé o venda los beneficios o los documentos de autorización de la Asistencia de Nutrición Suplementaria a nadie que no esté autorizado a usarlos.

**NO altere los documentos** de autorización de la Asistencia Nutricional Suplementaria para obtener beneficios a los que no tiene derecho. **NO** use los beneficios de Asistencia de Nutrición Suplementaria para comprar artículos no autorizados como alcohol o tabaco.

**NO utilice los beneficios** o los documentos de autorización de su hogar para la Asistencia de Nutrición Suplementaria de otro hogar

## DERECHOS

Tiene DERECHO a solicitar y, si se determina que es elegible, a recibir los beneficios del Programa de Asistencia Alimentaria Suplementaria conforme a las políticas y las normas establecidas por las leyes y reglamentaciones estatales y federales.

Tiene DERECHO a apelar y a recibir una audiencia ante un funcionario de audiencia del Departamento si no está satisfecho con alguna decisión del Departamento o si el Departamento se demora en tomar una decisión. Si solicita una audiencia, su apelación se atenderá de inmediato. Un abogado o cualquier otra persona que elija pueden representarlo para comparecer en su nombre. Si no está conforme con una decisión del Departamento en relación con su solicitud, tiene derecho a solicitar una audiencia. Debe hacerlo dentro de los noventa (90) días a partir de la fecha en que reciba un aviso por escrito sobre los beneficios del Programa de Asistencia Alimentaria Suplementaria.

Tiene DERECHO a recibir un trato no discriminatorio. De conformidad con la ley federal de derechos civiles y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), el USDA y sus agencias, oficinas y empleados, así como las instituciones que participan en sus programas o los administran, tienen prohibido discriminar por motivo de raza, color, nacionalidad, sexo, religión, discapacidad, edad, creencias políticas o represalia, al igual que tomar represalia por quejas de derechos civiles anteriores en cualquier programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que requieren que la información sobre el programa les sea proporcionada por medios de comunicación alternativos (p. ej., braille, letra grande, cinta de audio, lengua de señas estadounidense, etc.) deben comunicarse con la agencia (estatal o local) donde solicitaron los beneficios.

Las personas sordas, con dificultades auditivas o discapacidades del habla pueden comunicarse con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Además, la información sobre el programa puede proporcionarse en otros idiomas aparte del inglés. Para presentar una queja por discriminación del programa, complete el Formulario de queja por discriminación del programa del USDA (AD-3027), que se encuentra en el sitio web [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) o en cualquier oficina del USDA, o escriba una carta dirigida al USDA que contenga toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario completo o la carta al USDA por alguno de estos medios: (1) correo postal:

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; o (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov). Esta institución es un proveedor que ofrece igualdad de oportunidades.

De conformidad con el título VI de la Ley de Derechos Civiles de 1964 (42 U.S.C. 2000d y subsiguientes), el artículo 504 de la Ley de Rehabilitación de 1973 y sus enmiendas (29 U.S.C. 794), la Ley de Estadounidenses con Discapacidades de 1990 (42 U.S.C. 12101 y subsiguientes) y el título IX de las Enmiendas de Educación de 1972 (20 U.S.C. 1681 y subsiguientes), la Ley de Alimentos y Nutrición de 2008 (anteriormente denominada Ley de Cupones para Alimentos), la Ley de Discriminación por Edad de 1975, U.S. las reglamentaciones de aplicación del Departamento de Salud y Servicios Humanos (45 C.F.R. partes 80 y 84) y las reglamentaciones de aplicación del Departamento de Educación de los Estados Unidos (34 C.F.R. partes 104 y 106), y el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos (7 C.F.R. 272.6), el Departamento de Servicios Humanos no discrimina por motivos de raza, color, nacionalidad, discapacidad, religión, creencias políticas, edad o sexo en la aceptación o la prestación de servicios, empleo o trato, ni en sus actividades y programas educativos o de otra índole. En virtud de otras disposiciones de la legislación pertinente, el DHS no discrimina sobre la base de la orientación sexual o identidad o expresión de género. Para obtener más información sobre estas leyes contra la discriminación, las reglamentaciones y los procedimientos de queja para la resolución de quejas por discriminación, comuníquese con el DHS a la siguiente dirección: 206 Elmwood Avenue, Providence, Rhode Island 02907, o al teléfono 415-8500 (1-800-745-5555 o 711 para las personas sordas o con problemas de audición). El oficial de enlace de relaciones comunitarias es el coordinador de la implementación del título VI; el administrador o la persona designada de la Oficina de Servicios de Rehabilitación (ORS) es el coordinador de la implementación del título IX, el artículo 504 y la Ley sobre Estadounidenses con Discapacidades (ADA). El director del DHS o la persona designada tienen la responsabilidad general por el cumplimiento de los derechos civiles de todos los programas de la agencia.

Tiene DERECHO a la confidencialidad. Conforme a la legislación estatal, todas las agencias que administren programas incluidos como parte de esta solicitud están obligadas por las leyes y reglamentaciones estatales y federales a utilizar la información sobre usted y otros miembros de su hogar exclusivamente con fines directamente relacionados con la administración de los programas y de conformidad con las normas de privacidad de la información médica de identificación personal de la Ley de Portabilidad y Responsabilidad de Seguros de Salud (HIPAA). El Departamento no publica información sobre usted ni otros miembros del hogar sin su consentimiento, a excepción de lo estipulado en las Leyes Generales de Rhode Island, artículos 40-6-12, 40-6-12.1 y 42-7.2-5(13), reglamentaciones PÁGINA 10 establecidas en el Código Administrativo

del DHS. Toda persona hallada culpable de haber infringido las disposiciones de las Leyes Generales de Rhode Island, artículo 40-6-12, se considerará culpable de una falta. Los infractores están sujetos a una multa máxima de doscientos dólares (\$200), una condena a prisión de hasta seis (6) meses o ambas



## **EXHIBIT E**

Waivers (This list is “most common”- Contact FNS for all-inclusive list at the time of a D-SNAP request)

1. Waiver Request to run a D-SNAP – (Presidential Disaster with Individual Assistance (IA) declaration required)
2. Timely Household (HH) Reporting of Food Loss
3. Automatic Mass Replacement
4. Early Issuance
5. Stand-in Process
6. Relaxed Procedures for Key-Entered Transactions

IA declaration required:

7. Hot Foods
8. Expungement of D-SNAP Benefits

1. Waiver Request to run a D-SNAP

**WAIVER REQUEST  
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

**Type of request:** *Initial, Extension, Expansion, or Modification*  
**State:** [Click here to enter text.](#)  
**Region:** [Click here to enter text.](#)  
**Regulatory Citations:** 7CFR 273.1(a), 273.2(f), 273.7, 273.8(e), 273.9(a), 273.10(e), and 273.10(f)

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**Disaster Information:** *Identify type of disaster. Date the disaster struck or date of mandatory evacuation order. Counties or other areas included in the Presidential disaster declaration for individual assistance. Explain which counties or areas are included under this request and why.*

**Disaster Impact:** *Include number of households/businesses impacted. Use joint FEMA, state and local Preliminary Damage Assessments (PDAs); power outage information; and/or flood/mandatory evacuation maps. Are commercial channels of food distribution up and running?*

**Benefit Period:** *List the start and end dates for the 30-day benefit period beginning date disaster struck/date of mandatory evacuation order.*

**Application Period:** *List the start date and end date for the application period (typically 7 days). Describe locations, dates and hours of operation for application sites (note if sites are opened on weekends/holidays).*

**Eligibility Criteria:** *Will eligibility extended to households who lived or who lived/worked in the disaster area? Is food loss alone a qualifying factor? Is the State using the DSED?*

**Ongoing Households:** *Will the State issue supplements? If so, automatic or by affidavit? If automatic, who is eligible? If by affidavit what is the process for requesting?*

- Anticipated Issuance:** *Include estimated number of new D-SNAP applicants. Estimated number of ongoing clients that will request/receive supplements. If automatic supplements, include total estimated value of benefit issuance. How was estimate derived?*
- EBT:** *Describe issuance procedures; number of disaster EBT cards on hand' plans for requesting, receiving, and distributing additional cards as needed. State whether the cards on hand have been tested and are viable. Include name of card vendor.*
- Duplicate Participation:** *Describe how/when checks will be conducted.*
- Program Integrity:** *Describe fraud prevention strategies and security measures in place.*
- Logistics:** *Describe application sites, plans for publicity, and security/crowd control. Include plans for ensuring access to persons with disabilities, the elderly and other vulnerable populations, as appropriate (e.g. authorized representatives, satellite application sites, special public transport, home visits, use of Skype or similar technology to conduct interviews, or other alternative procedures).*
- Staffing:** *Describe plans for utilizing staff from other areas, as appropriate. Indicate number of staff/supervisors available and how they will be distributed among application sites.*
- Employee Applications:** *Describe procedure for handling applications from State agency employees.*
- Attachments:** *Required supporting documentation including: draft press releases, D-SNAP application, PDAs, FEMA declaration, map of disaster area. Any other optional supporting information (such as client notices).*

## 2. Timely Household (HH) Reporting of Food Loss

- Per regulation, HHs have 10 days to report
- Waiver allows State to extend that deadline
- HH must provide signed statement/affidavit before deadline
- States may ask to extend original deadline

## WAIVER REQUEST

### Timely Household Reporting of Food Loss

1. **Type of Request:** Initial or Extension
2. **Primary Regulation Citations:** 7 CFR 274.6(a)
3. **Secondary Regulation Citation:** 7 CFR 274.6(a)(3)
4. **State:** \_\_\_\_\_
5. **FNS Region:** \_\_\_\_\_
6. **Regulatory Requirements:** Regulations provide for the replacement of food purchased with SNAP benefits that was destroyed in a household misfortune. The amount of the replacement must be for the amount of the food loss not to exceed the amount of the monthly benefit issued to the household. Federal regulations state that the report is considered timely, if it is made to the State agency within 10 days from the date the food was destroyed. The household must also provide verification of the food loss and sign an affidavit of loss within 10 days of reporting the food loss to the State agency.
7. **Proposed Alternative Procedures:** For all active SNAP households residing within the affected disaster areas, (Insert name of State) is requesting an extension of the 10 day household reporting requirement to issue replacement benefits. Replacements will be authorized if reported between (Insert start date) and (Insert end date). The replacement will be for the amount of the food loss, not to exceed the monthly allotment for that household, after receipt of a signed affidavit, which will be filed in the household case record.

**(Note: If the State is requesting an extension of this waiver, the following language can be used. Otherwise, the language below can be omitted if this is an initial waiver request.)**

For all active SNAP households residing within the affected disaster areas, (**Insert name of State**) is requesting an additional extension period for participants to request replacement benefits and submit signed affidavits of loss to the State agency, beyond the initial approved extension period of (**Insert dates of initial waiver approval**). On (**Insert date of initial waiver approval**), (**Insert name of State**) was approved to put aside the ten (10) day household reporting requirement and allow households in affected disaster areas (\_\_\_) additional days to report the SNAP food loss and request replacement benefits. The State is requesting an additional (\_\_\_) day extension of the initial waiver through (Insert date). Replacements will be authorized if reported through (**Insert new end date**). The individual household replacement will be for the amount of the loss, not to exceed the monthly allotment for the household, after receipt of a signed affidavit, which will be filed in the household case record.

8. **Justification for Request:** This waiver is requested under provision of 7 CFR 272.3(c)(1)(ii) which allows approval of waivers that result in a more efficient and effective administration of the Program. Multiple areas of the State have reported power outages of four hours or more due the (**Insert disaster description**) caused by (**Insert name of disaster**) that occurred or began on (**Insert date**). Some residents have been without power for over one week and several of our local State offices have also been without power. Many households have been unable to contact the county office to request replacement benefits due to transportation or other hardships. This proposal will allow (**Insert name of State**) to provide SNAP households in the following affected areas with additional time to report their SNAP food loss: (**List counties/parishes/zip codes/city names, etc. here.**)

**(Note: If the State is requesting an extension of this waiver, the following language can be used. Otherwise, the language below can be omitted if this is an initial waiver request.)**

This waiver is requested under provision of 7 CFR 272.3(c)(1)(ii) which allows approval of waivers which result in a more efficient and effective administration of the Program. Areas of the State included in the **(Insert State name)**'s initial waiver approval continue to experience power outages, communication losses, and transportation issues caused by **(Insert name of disaster)**. Several of our local State offices are still without power, and those offices that are open continue to receive reports of SNAP food loss. Extending this waiver will allow **(Insert name of State)** to provide households in the affected areas with additional time to report their SNAP food loss and to receive replacement benefits: **(List affected counties/parishes/zip codes/city names, etc. in initial waiver request, here.)**

**(Note: If the State wishes to expand the timely household reporting requirements beyond the areas included in the initial waiver approval, further justification will need to be provided to add these areas to the waiver extension request.)**

**9. Anticipated Impact on Households:** This waiver will ensure current SNAP households receive replacement of food that was purchased with SNAP benefits that was destroyed due to **(Insert name of disaster)**.

**10. Affected Caseload:**

|  |                |
|--|----------------|
| Number of SNAP household in affected areas   | <u>approx.</u> |
| Number of SNAP individuals in affected areas | <u>approx.</u> |
| Estimated amount of replacement benefits:    | <u>approx.</u> |

**(Note: If the actual amount of replacement benefits approaches and is expected to exceed the amount of estimated replacement benefits, the State will need to immediately notify FNS.)**

Actual numbers regarding replacement values must be reported on the FNS-46 form in the Food Programs Reporting System within 90 days after issuance of the replacement benefits.

**11. Anticipated Implementation Date:** The waiver will be in effect from **(Insert start date)** through **(Insert end date)**.

**(Note: If the State is requesting an extension of this waiver, the following language can be used. Otherwise, the language below can be omitted if this is an initial waiver request.)**

The waiver will be in effect for an additional (      ) days from **(Insert start date)** through **(Insert end date)**.

**12. Proposed Quality control Procedures:** The proposal does not affect quality control sampling or procedures.

**13. Signature and Title of Requesting State Agency Official:**

\_\_\_\_\_

**14. Date of Request:** \_\_\_\_\_

### 3. Automatic Mass Replacement

Allows automatic replacement of SNAP benefits to **all** HHs in selected area (county, zip code, etc.)

- Does **NOT** require individual HH statement/affidavit
- 50% or more of total HHs in the selected area must be affected
- If approved, replacement amount depends on:
  - When (in the month) the disaster occurred
  - State issuance schedule
  - Type of disaster
  - Rate of SNAP redemptions by HHs in the selected area
- HHs may still submit affidavits for a greater replacement amount, up to their full monthly allotment amount.

To verify the percentage of affected HHs, States must provide **data, such as:**

- Census data – Establishes population for selected area
- Power outage documentation substantiating power outage of 4 or more hours in the defined area
  - Charts
  - Letters from power companies
  - Other documentation
- Areas affected by flood/fire

If an area does **NOT** qualify for a mass replacement waiver, the State can **ALWAYS** allow HHs to individually ask to replace benefits in accordance with the regulations.

## WAIVER REQUEST

### Automated Mass Replacement of SNAP Benefits

1. **Type of Request:** Initial or Extension
2. **Primary Regulation Citation:** 7 CFR 274.6(a)
3. **Secondary Regulation Citation:** 7 CFR 274.6(a)(6)(ii)
4. **State:** \_\_\_\_\_
5. **FNS Region:** \_\_\_\_\_
6. **Regulatory Requirements:** Current regulations at 7 CFR 274.6(a) and 274.6(a)(6)(ii) allow for food that was purchased with SNAP benefits that was destroyed in a household misfortune or disaster to be replaced, if the household reports the loss within 10 days to the State agency and signs an affidavit of loss within 10 days of reporting the loss. According to 7 CFR 274.6(a)(6)(ii), the household must also provide verification of the loss.
7. **Proposed Alternative Procedures:** The State of \_\_\_\_\_ proposes to provide automated mass replacements of \_\_\_% of (Insert issuance month and year) SNAP benefits, without requiring households to report the loss of food purchased with SNAP benefits in areas in which more than 50% of the residents lost power for 4 hours or more due to the (Insert disaster description). We have attached documentation for the areas requested that meet the 50 percent threshold to justify automatic mass replacements. We have also attached a document illustrating monthly redemption rates in (Insert State name/county/parish/city names/zip codes, etc.) that supports this request. It reflects that approximately XX% of SNAP benefits was redeemed on or before (Insert date disaster started) in this/these area(s). Since (Insert State name) issues SNAP benefits (issuance schedule), and power outages began on the (day) of the month, the State proposes to automatically replace ( \_\_\_ %) of (Insert issuance month and year) SNAP benefits to households in the following areas that had received their monthly SNAP allotments at the time of the disaster: (List counties/parishes/zip codes/city names, etc. here.)
8. **Justification for Request:** These waivers are requested under provisions of CFR 272.3(c)(1)(ii) which allows approval of waivers which result in a more effective and efficient administration of the SNAP. Since we can verify power loss for large areas through our disaster response assessment process, we do not have the need to verify loss of food for individual cases. Moreover, since so many have lost power we can replace these benefits much more timely and efficiently via an automated process without requiring the affected households to report



a loss of food when current lines of communication are still down to a large extent, many roads are impassible, and some of our local offices are still closed due to (Insert disaster description).

**9. Anticipated Impact on Households:** This waiver will ensure current SNAP households receive timely replacement of food that was destroyed due to (Insert name of disaster), and will allow the State to more effectively use staff to concentrate on timely processing individual replacement requests for SNAP households not included in our mass replacement process and the influx of new applications that may result from this disaster.

**10. Affected Caseload:**

Number of SNAP household in affected areas:    approx.  
\_\_\_\_\_

Number of SNAP individuals in affected areas:    approx.  
\_\_\_\_\_

Estimated amount of replacement benefits:        approx. \$  
\_\_\_\_\_

Actual numbers regarding replacement values must be reported on the FNS-46 form in the Food Programs Reporting System within 90 days after issuance of the replacement benefits.

**11. Anticipated Implementation Date:** The waiver is requested for immediate implementation. We request that we be allowed to use this automated process to replace benefits on or about (Insert date).

**12. Proposed Quality Control Procedures:** The proposal does not affect quality control sampling or procedures.

**13. Signature and Title of Requesting State Agency Official:**

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

**14 Date of Request:** \_\_\_\_\_

#### 4. Early Issuance

Allows State to issue benefits in the previous benefit month  
(statewide or by locale)

**VERY IMPORTANT:**

- Must ensure there are *no more than* 40 days between issuances
- Must do the math!
- Adjust issuance schedules, if necessary!

## 5. Stand-in Process

- Normally, FNS not liable for “insufficient funds” transactions
- Waiver allows FNS to accept such liability
  - Up to certain amount, per retailer, client, transaction, and/or day
  - **VERY** rare: Only in cases of extreme devastation and telecommunication system failure

## 6. Relaxed Procedures for Key-Entered Transactions

- Normally, EBT card must be present for key-entered SNAP transactions
- Waiver allows such transactions without EBT card present
  - Client must know EBT card number and PIN
- Extremely rare; only in cases of extreme devastation, and for a short time

## 7. Hot Foods

- Requires IA Declaration
- SNAP benefits can be used to buy hot, prepared foods at FNS authorized grocery stores.
- May apply to IA declaration areas and nearby areas with proper documentation for SNAP HHs that have been displaced.
- FNS notifies SNAP retailers via email, phone, and text.
- FNS posts hot foods notice on FNS website.
- FNS shares with State and retailer associations.

## WAIVER REQUEST

### Hot Foods

1. **Type of Request:** Initial or Extension
2. **Primary Citation:** Section 3(k)(1) of the Food and Nutrition Act of 2008, as amended
3. **Secondary Regulation Citation:** 7 CFR 271.2
4. **State:** \_\_\_\_\_
5. **FNS Region:** \_\_\_\_\_
6. **Act and Regulatory Requirements:** Section 3(k)(1) of the Food and Nutrition Act of 2008 and Federal regulation define "food" as, "...any food or food product for home consumption except alcoholic beverages, tobacco, and hot foods or hot food products ready for immediate consumption..."
7. **Proposed Alternative Procedures:** The State agency is requesting a waiver to allow hot foods and hot food products prepared for immediate consumption to be considered "eligible foods" as long as they are purchased in FNS-authorized retail food stores in the following counties/parishes that have received a Presidential disaster declaration for individual assistance: (List county/parish names here.)

**Note:** *Although a Presidential declaration for individual assistance (IA) must be granted before this waiver can be approved, the waiver can be extended beyond the individual assistance areas, including statewide, if the State can show that households within the IA counties/parishes have been displaced or temporarily relocated to other parts of the State.*

8. **Justification for Request:** Name of disaster ravaged the State of name of state, and caused many residents to evacuate and temporarily relocate to the northern part of the State. Most of these evacuees are staying in shelters or other temporary housing arrangements and are unable to store food or have access to cooking facilities. The need for food will remain critical through \_\_\_\_\_ for these households due to the loss of food from power outages, severe flooding, and displacement from permanent homes.

Waiving the Act and regulation language that excludes the purchase of hot foods and hot food products prepared for immediate consumption will ensure that SNAP households most adversely affected by the disaster have the opportunity to have hot meals.

9. **Anticipated Impact on Households:** Allowing the purchase of hot foods will assist and provide critical relief to SNAP households most adversely affected by the disaster who are temporarily unable to prepare hot meals due to prolonged power outages and/or displacement from their homes.

**10. Affected Caseload:** This waiver affects any SNAP or D-SNAP households wanting to purchase hot food in the State of \_\_\_\_\_/the following counties/parishes: (List county/parish names here.)

**11. Anticipated Implementation Date:** Households in the area(s) listed above will be able to purchase hot foods and hot food products from FNS-authorized retailers from the approval date of this waiver until (Insert date) when power is expected to be restored to homes in the immediate disaster area(s) and any displaced households are expected to return to their homes.

**12. Proposed Quality Control Procedures:** The proposal does not affect quality control sampling or procedures.

**13. Signature and Title of Requesting Official:**

\_\_\_\_\_

\_\_\_\_\_

**14. Date of Request:** \_\_\_\_\_

8. Expungement of D-SNAP Benefits

8. Requires IA Declaration

# EXHIBIT F

## FNS D-SNAP planning and execution tool

The FNS Resilience and Recovery Tool allows anyone with an internet connection to access disaster-related information, in combination with community data, to help users plan for and respond to disasters. The Tool includes existing public FNS program information such as SNAP retailers and Meals for Kids sites, disaster-related civil infrastructure such as fire stations, schools and daycares, and live data feeds of weather, hurricane warnings and forecasts, wildfires, earthquakes, flood risks, drought, and COVID cases. States, Tribes, communities, and other partners can use the Tool at any time during the disaster cycle.

Additionally, it is well known that disasters can further worsen existing social and economic disparities, especially in underserved communities; this Tool can help identify and address the specific needs of these communities. As examples, users can identify which areas may have limited English ability and may need messaging in other languages and can also identify areas where access to vehicles and the internet may be limited. A “More Information” tab provides links to resources for better responding to the needs of a specific community. Please see the screenshot below.



[FNS Resilience and Recovery Tool \(arcgis.com\)](https://arcgis.com)