

FOOD DISTRIBUTION PROGRAM APPLICATION

Name: _____ Census _____ Chapter _____ NO. _____

Instructions:

Answer the following questions honestly and completely. If you refuse to give any needed information, your household (you and the people) who live and eat with you would not be eligible for the Food Distribution Program. You may complete this form at home and mail it or bring it to the Food Distribution Office. If you wish, another member of your household or an adult who knows you may complete the application for you and return the form to the Food Distribution Office.

Important:

You will be scheduled for an application interview. When you are interviewed, please bring proof of all your household income. For example: bring any stubs and award letters for government benefits (such as SSI, or Social Security). We may also need statements on all household savings, checking accounts and dependent care cost. Having these items with you can speed up your application process.

Mailing Address: _____ City _____ State _____

Zip Code: _____ Telephone Number _____

Please give directions on how to get to your home: _____

HOUSEHOLD MEMBERS: *"Include yourself"*

Please fill out the information below on the members of your household who share food and eat with you. We would like you to include the social security number of each member of your household who has one.

This will help us identify your household correctly. We are authorized to ask for this information under the Tax Return Act of 1976.

Name:		Relation	Date of	Social Security	Census
Last	First	Ship	Birth	Number	Number

Is anyone in your household currently certified to participate in the Food Stamp Program?

Yes ____ No ____ . If yes, list the names of the individuals:

RESOURCES: List all resources of the household members.

Household Member	Cash on Hand	Checking Acct. Balance	Savings Acct. Balance	Savings Certificates	Stocks Bonds

STUDENTS:

Are there any students in your household who receive educational grants, scholarships or loans?

Yes ____ No ____ . If yes, complete the following:

Name of Student	Name of School	Total amount of grant Scholarship or loans	Month covered by this amount
		\$ _____	
		\$ _____	

How much of the grants, scholarships or loans are used
To pay tuition or fees charged by the school? (Do not
Include expenses that are not charged by the school
Such as textbooks, or transportation to school).

\$ _____

Are there any students in your household
who are 18 years or over and attend college
or career training program?

Yes ____ No ____

Racial/Ethnic Heritage:

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way effect consideration of your application. We are authorized to as for this information under Title VI of the Civil Rights Act of 1964.

Black (non-Hispanic) ____ Hispanic ____ Asian (or Pacific Islander) ____
American Indian/Alaskan Native ____ White (non-Hispanic) ____

Authorized Representative:

You may authorize someone outside your household to pick up your commodity food. Write the person's name below.

Name	Address	Phone #

EARNED INCOME:

List all household members earned income from full or part-time job or receives income from CETA or IN. If a member has more than one job, list each separately. Do not include self-employed household members.

SELF-EMPLOYED:

Is anyone in your household self-employed (payments from rental property and roomers is considered self-employment)? Yes ___ No ___

If **YES** complete self-employment income sheet. Please bring last year's Federal Tax forms or proof of self-employment cost and income for self-employment costs and income for self-employed members to the interview.

OTHER INCOME:

Source	Household Member	Amount per period of payment
(AFDC) Aid to families with Dependent Children	1. _____	\$ _____
	2. _____	\$ _____
(SSI) Supplemental Security Income – Gold Checks	1. _____	\$ _____
	2. _____	\$ _____
(GA) General Assistance	1. _____	\$ _____
	2. _____	\$ _____
Social Security Income Blue/Green Checks	1. _____	\$ _____
	2. _____	\$ _____
(VA) Veteran's Benefits	1. _____	\$ _____
	2. _____	\$ _____
Pensions or Retirement Income	1. _____	\$ _____
	2. _____	\$ _____
Unemployment or Workers Compensation	1. _____	\$ _____
	2. _____	\$ _____
Child Support and Alimony	1. _____	\$ _____
	2. _____	\$ _____
Money from friends or relatives	1. _____	\$ _____
	2. _____	\$ _____
Other (specify)	1. _____	\$ _____

DEPENDENT CARE:

Does anyone in your household pay someone to baby-sit or care for a child or a disabled adult so that member can work or go to school or training? Yes ___ No ___

If yes, how much do you pay? \$ _____ Per _____

Who provides this care?

Name

Address

PENALTY WARNING

An Intentional Program Violation (VPI) is considered to have occurred when a household member knowingly and willingly:

- **Participates at the same time in the Food Stamp Program and the Food Distribution Program.**
- **Sell, Trades, or Misuse Commodity Foods.**
- **Makes False Statements to receive benefits which the household is not entitled to.**

The disqualification penalties for an Intentional Program Violation will be ineligible to participate in the Food Distribution Program:

- A period of 12 months for the first (1st) violation
- A period of 24 months for the second (2nd) violation
- Permanently for the third (3rd) violation

ALL SUBSTANTIATED CASES OF INTENTIONAL PROGRAM VIOLATIONS WILL BE REFERRED TO TRIBAL, FEDERAL, STATE OR LOCAL PROSECUTION UNDER APPLICABLE STATUTES.

FAIR HEARING: You have the right to request a fair Hearing in writing or orally. Any person you choose may represent your case.

I understand that questions on this application and my answers are correct and complete to the best of my knowledge. I agree to provide documents, if necessary, to prove these statements and/or give the name of a person or organization which can provide necessary proof.

Applicant's Signature

To day's Date

Caseworker's Signature

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."