



# CONFEDERATED TRIBES OF SILETZ INDIANS

P.O. Box 549 Siletz, Oregon 97380  
 1-800-922-1399 ext. 1247 \* 541-444-8247 \* FAX: 541-444-8334

## COVID-19 FOOD ASSISTANCE APPLICATION

Date: \_\_\_\_\_

Head of the Household: \_\_\_\_\_ Tribal Roll#: \_\_\_\_\_  
Tribal Member

Mailing Address: \_\_\_\_\_  
City State Zip

Residence Address: \_\_\_\_\_  
City State Zip

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### HOUSEHOLD COMPOSITION

List all members currently in your household.

| Names of Adults 1 <sup>st</sup> then Children<br>(Legal names) | Sex | Date Of Birth | Relationship To<br>Head of the Household |
|--|-----|---------------|--|
|  |     |               | <b>SELF</b>                              |
|  |     |               |  |
|  |     |               |  |
|  |     |               |  |
|  |     |               |  |
|  |     |               |  |

### HOUSEHOLD INCOME

List income for all adult household members including per capita

| Name of household member | Name of employer/<br>Source of income | Address of employer/<br>Source of income | Estimated gross<br>monthly earnings |
|--------------------------|---------------------------------------|--|-------------------------------------|
|                          |                                       |  |                                     |
|                          |                                       |  |                                     |
|                          |                                       |  |                                     |

Is anyone in your household currently receiving SNAP Benefits or USDA Commodities?  YES  NO

If approved for food assistance, do you have transportation available to pick-up the groceries?  YES  NO

What local grocery store offers “pre-purchase / pick-up” services? \_\_\_\_\_



**The Confederated Tribes of Siletz Indians requires that you must sign the Authorization of Release Form attached to be eligible for any program service.**

I/we know that cooperation requires supplying all information needed to determine my eligibility. I/we understand that supplying false, incomplete or inaccurate information is punishable under Federal, State, and Tribal laws.

By signing below, I authorize the Confederated Tribes of Siletz Indians to verify information relevant to determining household eligibility.

This authorization is effective for one year from the date of signature.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to:  
Confederated Tribes of Siletz Indians  
Attn: 477-SSP  
PO Box 549  
Siletz, OR 97380

Email to: [477SSP@ctsi.nsn.us](mailto:477SSP@ctsi.nsn.us)  
Subject: Food Assistance Program

Fax: (541) 444-8334

## Requested Food Items

The 477-SSP will attempt to purchase the basic food items requested on this form. Please be specific as possible in stating your needs. Some items may not be in stock or available for pick-up.

|                          |                             |                          |
|--------------------------|-----------------------------|--------------------------|
| <b>(CANNED FRUIT)</b>    |                             |                          |
| APRICOTS _____           | GREEN BEANS _____           | VEGGIE SOUP _____        |
| MIXED FRUIT _____        | CARROTS _____               | TOMATO SOUP _____        |
| PEACHES _____            | CREAM CORN _____            | CND BEEF STEW _____      |
| PEARS _____              | CREAM CORN _____            | CREAM OF CHICKEN _____   |
| PLUMS-DRIED _____        | KERNEL CORN _____           | CREAM OF MUSHROOM _____  |
| RAISINS _____            | SWEET POTATOS _____         |                          |
| BLUEBERRIES,FRZ _____    | PUMPKIN _____               | CND REFRIED BEANS _____  |
| APPLESAUCE CUPS _____    | MIXED VEGGIES _____         | CND VEGGIE BEANS _____   |
| APPLE JUICE _____        | SPINACH _____               | CND KIDNEY BEANS _____   |
| CHERRY APPLE JUICE _____ | DICED TOMATOES _____        | GRT NORTHERN (2LB) _____ |
| GRAPE JUICE _____        | SLICED POTATOES _____       | PINTO (2LB) _____        |
| ORANGE JUICE _____       | TOMATO SAUCE _____          | CND BLACK BEANS _____    |
| TOMATO JUICE _____       | SPAGHETTI SAUCE _____       | CND PINTO BEANS _____    |
| CRAN-APPLE JUICE _____   | DEHYD POTATOES _____        |                          |
|                          | HOMINY _____                | ALL PURPOSE FLOUR _____  |
|                          | FROZEN PEAS (3) _____       | CORNMEAL _____           |
| OATMEAL _____            |                             | WHOLE WHEAT FLOUR _____  |
| CORN FLAKES _____        | CRACKERS _____              |                          |
| RICE CEREAL _____        | TORTILLAS _____             | SLICED CHEESE _____      |
| OAT CEREAL _____         | EGG NOODLES _____           | CHEESE _____             |
| SHREDDED WHEAT _____     | RICE LONG GRAIN (2LB) _____ | EGGS _____               |
| CORN SQUARES _____       | SPAGHETTI _____             | CANNED SALMON _____      |
| WHEAT BRAN _____         | MACARONI _____              | CANNED TUNA _____        |
|                          | WHOLE-GRAIN ROTINI _____    | CANNED CHICKEN _____     |
| 1% MILK _____            | MAC&CHEESE _____            | BUTTER _____             |
| 2% MILK _____            |                             | VEGETABLE OIL _____      |
| Whole Milk _____         |                             | MARGARINE _____          |

|                       |  |
|-----------------------|--|
| Fresh Vegetables List |  |
| Fresh Meat List       |  |