



CTSI – USDA FOOD DISTRIBUTION PROGRAM APPLICATION

Answer the following questions honestly and completely. If you do not fill out the application in its entirety, it cannot be processed for certification. **Important:** when you are interviewed please bring proof of all household income. For example: bring check stubs for 1 full month, college award letters, and Government & Tribal benefits. We may also need statements on all household savings and checking accounts and dependent care costs. Having these items with you could speed up the intake of your application.

PLEASE CIRCLE ANSWERS WHERE NECESSARY!

NAME (head of household)	TRIBE	ROLL NUMBER
MAILING & PHYSICAL ADDRESS (list both if different)	CITY/STATE/ZIP	TELEPHONE

You must include the social security card or verification of the number for each member of your household. This will help us identify your household correctly. These social security numbers may also be used in program reviews or audits to make sure your household is eligible for the Food Distribution Program. We are authorized to ask for this information under the Tax Reform Act of 1976.

Name: Last, First	Relation to Head	Date of Birth	Social Security Number	Type of Assistance or income person receives
1.	Self			
2.				
3.				
4.				
5.				

EARNED INCOME FROM WORK. Fill in all blanks for each member with a full or part time job. If a member has more than one job, list separately. Include members who receive income from JTPA or TWEP. Do not include self-employed household members.

Household member's name	Name of employer	Gross income	How often

Does anyone in household receive funding from educational grants, scholarships/loans? (Yes/No) _____

Source _____	Amount _____	How often received? _____

Do they also receive tuition costs and are mandatory fees paid? (Yes/No) _____

Type _____	Amount _____	How often paid? _____

Self-employment Income

Is anyone in your household self-employed? (Yes/No) If yes, complete self-employed sheet. Please bring last years Federal income tax forms for self-employed members of your household or if no tax forms were filed last year, bring proof of self-employment cost and income.

Dependent Care

Does anyone in your household pay for someone to baby-sit or care for a child or a disabled adult so that a member can work or go to school or training? (Yes/No) How much paid \$ _____ who provides this care? _____

Other Deductions

Does anyone in your household have child support payments withheld from their income? (YES/NO) HOW MUCH? \$ _____ HOW OFTEN? _____
 Does anyone in your household have Medicare Part B Insurance premiums withheld from their SS checks? (YES/NO) _____

Resources

Cash on hand	\$ _____	Money in savings account	\$ _____
Money in checking account	\$ _____	Money in savings certificates	\$ _____
Money in stocks or bonds	\$ _____	other	\$ _____
Totals			\$ _____

YOU CANNOT PARTICIPATE IN THE COMMODITY FOOD PROGRAM AND THE FOOD STAMP PROGRAM AT THE SAME TIME.
 (Yes/No) Are you or members of your household currently receiving Food Stamps? If yes, from what office? _____
 (Yes/No) Has anyone in your household been disqualified from a Food Stamp or Commodity Food Program for fraud? If yes, when and at what office? _____

Other Income

AFDC (Aid to Families with Dependent Children)	1. _____	\$ _____
	2. _____	\$ _____
SSI (Supplemental Security Income)	1. _____	\$ _____
	2. _____	\$ _____
GA (General Assistance)	1. _____	\$ _____
	2. _____	\$ _____
Social Security Income (including disability, survivors or other)	1. _____	\$ _____
	2. _____	\$ _____
VA (Veterans Benefits)	1. _____	\$ _____
	2. _____	\$ _____
Pensions or Retirement Income	1. _____	\$ _____
	2. _____	\$ _____
Unemployment or Worker's Compensation	1. _____	\$ _____
	2. _____	\$ _____
Child Support, foster care or alimony	1. _____	\$ _____
	2. _____	\$ _____
Money from friends or relatives (other than loan)	1. _____	\$ _____
	2. _____	\$ _____
Other (specify: including reimbursement for Medicare Part B)	1. _____	\$ _____
	2. _____	\$ _____

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

Name Telephone

Fair Hearing

"Every household has the right to request a fair hearing at any time it believes it has been aggrieved by the Food Distribution Program. At the fair hearing, the action will be reviewed by an impartial third party. You can have a fair hearing of your case if you don't agree with our decision. At the hearing you'll have a chance to explain why you disagree. A hearing officer will then decide who is right. To request a hearing, call the office at 1-800-922-1399 ext. 393, or fill out and return the request for hearing form."

NONDISCRIMINATION STATEMENT

"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. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).

USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

Penalty Warning

I understand that I may have to provide documents to prove what I have stated on this form. I do agree to this or I will give the name of a person or organization to contact to obtain the necessary proof. I understand that I may expect a fair hearing either orally or in writing if I disagree with any action taken on my case. (The person you choose may present your case at the hearing). We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political belief).

Applicant's Signature

Today's Date

Program Worker's Signature

Today's Date

Heritage

Although you are not required to answer this information, your cooperation will help determine compliance with Federal Civil Rights Laws. In no instance shall this information be used in considering your application. If you provide this information, it will not effect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Check one of the following:

_____ Native American or Alaskan Native _____ White (not of Hispanic Origin) _____ Black (not of Hispanic Origin)
_____ Hispanic _____ Asian Pacific Island