

**USDA-FOOD & NUTRITION SERVICES**  
**SPIRIT LAKE TRIBE FOOD DISTRIBUTION PROGRAM APPLICATION**

**Instructions: Complete the following information. If you refuse to cooperate/provide verification, your application will be denied. You must provide proof/verification of all income and allowable deductions.**

<b>Name (Head of Household):</b>		<b>County</b>
<b>Street Address:</b>		<b>Household Size</b>
<b>City/State/Zip Code:</b>		<b>Telephone No.</b>
<b>Directions To Your Home:</b>		

OFFICE USE ONLY

Date Received \_\_\_\_\_  
 Certification Period \_\_\_\_\_ to \_\_\_\_\_

Contact with County Office  
 Yes No  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do you reside within the Spirit Lake Reservation boundaries?** Yes No (If no, you must provide a copy of Federally Recognized enrollment)

District where you reside  
 Crow Hill  
 Mission  
 Fort Totten  
 Woodlake

**RACIAL/ETHNIC DATA COLLECTION:** This information is voluntary. If you do not provide this information, it will not affect your eligibility.  
 What is your ethnic category?  Hispanic or Latino or  Not Hispanic or Latino  
 What is your race?  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or  Other Pacific Islander  White

**HOUSEHOLD MEMBERS:** Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.)  
**INCOME (EARNED & UNEARNED):** List income from all sources for each household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, work/training allowances, etc.  
**Verification of income is required for all household members** (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statements.

NAMES OF ALL HOUSEHOLD MEMBERS	RELATIONSHIP	DOB	SOCIAL SECURITY #	INCOME SOURCE	GROSS AMOUNT	HOW OFTEN REC'D
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Are you or anyone in your household currently receiving SNAP benefits? Yes No If yes, list names: \_\_\_\_\_

Have you or anyone in your household recently applied for SNAP benefits? Yes No If yes, list names: \_\_\_\_\_

Have you or anyone in your household been disqualified from the Supplemental Nutrition Assistance Program (SNAP) for an Intentional Program Violation?

Yes No. If yes, list name(s): \_\_\_\_\_

**STUDENTS:** Are there any students in your household who receive education grants, scholarships or loans? **Yes No**  
 If yes, complete the following section. Please provide verification of your **Financial Aid** documents.

HOUSEHOLD MEMBER	COLLEGE	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (PELL GRANT, STUDENT LOAN, BIA, ETC)	Amount Used to pay Tuition/School Fees/Other Exp.

**ALLOWABLE DEDUCTIONS**

**Standard Shelter/Utility Expense** - Do any household members pay a monthly shelter or utility expense? **Yes No**  
 (If yes, please provide a copy of the expense that is paid monthly)

**Dependent Care** – Does anyone in your household pay for the care of a child or other dependents when necessary for a household member to accept or continue employment or to attend training or pursue education which is preparatory to employment? **Yes No**  
 If yes, please provide the name, address \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

**Child Support** – Does anyone in your household pay court ordered child support for a non-household member? **Yes No**  
 If yes, please provide documentation of the amount paid. \$ \_\_\_\_\_

**Medical Expenses (60 years or older)** - Please provide documentation and amount paid each month \$ \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:** To authorize someone outside your household to act on your behalf and/or pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

**FAIR HEARING:** If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

**PENALTY WARNING:** If your household receives USDA foods, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and/or disqualification from participation in the Food Distribution Program.

1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Supplemental Nutrition Assistance Program (SNAP) in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
2. Do not misuse (e.g., trade or sell) USDA foods.
3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program.

**INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES:** If you or any member of your household knowingly and willingly violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

**AUTHORIZATION:** I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

**CERTIFICATION STATEMENT:** I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report within ten (10) calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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 To file a program discrimination complaint, a complainant should complete a Form AD 3027, USDA Program Discrimination Complaint Form, which can be obtained online, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.  
 The completed AD-3027 form or letter must be submitted to USDA by:  
 mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or  
 fax: (833) 256-1665 or (202) 690-7442;  
 email: program.intake@usda.gov.  
 This institution is an equal opportunity provider.