

SPIRIT LAKE TRIBE
FOOD DISTRIBUTION PROGRAM
NO CHANGE OF INCOME OR HOUSEHOLD STATUS

Head of Household: _____ Date: _____

Address: _____

Phone #: _____

I hereby verify that I have had no changes in income, household size and if any changes occur, I agree to report those changes within 10 days to the Spirit Lake Food Distribution Program.

Signature _____ Social Security Number _____

OFFICE USE ONLY

Certification Period extended to _____

Date: _____

Authorized by: _____

USDA Nondiscrimination Statement

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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.