

**Application for participation in the  
UTE INDIAN TRIBE  
FOOD DISTRIBUTION PROGRAM**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**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) won't be eligible for the Food Distribution Program. You may complete this form at home and mail it or bring it to the office. If you wish, another member of your household or an adult who knows you may complete the application for you and return it to us.

**IMPORTANT:**

You will be scheduled for an application interview. When you are interviewed, please bring proof of all 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 and checking accounts and dependent care costs. Having these items with you could speed up your application.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please tell us how to get to your home: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

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, although you are not required to do so. This will help us identify your household correctly. **We are authorized** to ask you for this information under the Tax Return Act of 1976.

Name: last, first, middle	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ENROLLMENT NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Is anyone in your household currently certified to participate in the Food Stamp Program? YES NO  
If "YES" list the names of the individuals:

**INCOME FROM WORK:**

Outside work: Please fill out information below for each household member with a full or part-time job or who receives income from other programs. If a member has more than one job, list each separately. Do not include self-employed household members.

Household Member	Name of Employer	Gross Income (Before Taxes)	How Often Paid

**SELF EMPLOYED:** Is anyone in your household self-employed (payments from rental property and roomers are considered self-employment)?  
 YES    NO.   If YES, complete self-employment sheet. Please bring last year's Federal tax forms or proof of 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 (other than loan)	1. _____	\$ _____
	2. _____	\$ _____
Other (specify)	1. _____	\$ _____
	2. _____	\$ _____

**DEPENDENT CARE:** Does anyone in your household pay someone to babysit or care for a child or a disabled adult so that a 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

**RESOURCES:** Please complete information below on resources of all your household members.

Household Member	Cash on Hand	Checking Acct. Balance	Savings Acct. Balance(s)	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 amt. of grants scholarships of loans	Months covered by this amount
1. _____	_____	\$ _____	from _____ to _____
2. _____	_____	\$ _____	from _____ to _____

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 schools).

\$ \_\_\_\_\_

Are there any students in your household who are 18 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 ask for this information under Title VII 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	Telephone No.
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## PENALTY WARNING

If your household receives commodity food, it must follow the rules listed below:

1. Do not give false information, or hide information, to get or continue to get commodity food.
2. Do not trade or sell commodity food.
3. Do not use someone else's commodity food.

I understand the 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. I understand that I may request a fair hearing either orally or in writing if I disagree with any action taken on my case.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Caseworker's Signature

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

**AN EQUAL OPPORTUNITY EMPLOYER**