



Application for
The UTE INDIAN TRIBE
Food Distribution
Program
 P. O. Box 280

Length of Term _____
 New or Recert _____

Household ID# _____
 Date Received _____

INSTRUCTIONS:

Please answer the following questions honestly and completely. If you refuse to give any required information, your application for the UIT Food Distribution Program will be denied. You may complete this form at home, mail it to the address above or bring it to the office. If you wish, another member of your household and/or adult who knows you may complete the application for you and return it to us.

IMPORTANT:

It can take up to 7 days for your application to be processed. No one in your household can be receiving SNAP Benefits (Food Stamps) or be in pending status for SNAP Benefits (Food Stamps). The Head of Household is required to bring in Tribal ID, CIB or letter of Direct Descendant to be placed in your file.

 Name of Head of Household Social Security Number (Optional)

 Physical Address City State Zip Code

 Mailing Address City State Zip Code

Please Tell Us how to get to your home: _____

Telephone #: _____

HOUSEHOLD MEMBERS:

Please 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 separate sheet if you need to list additional household members.)

Name: Last, First, Middle	Relationship	Date of Birth	Social Security Number	Enrollment Number
1.	SELF			
2.				
3.				
4.				
5.				

HOUSEHOLD MEMBERS (continued):

6.				
7.				
8.				
9.				

Is anyone in your household currently receiving SNAP benefits? YES NO

Have you or anyone in your household recently applied for SNAP benefits? YES NO

Have you or anyone in your household been disqualified from SNAP for an intentional program violation? YES NO

If you answered "YES" to any of the question above, please list the names of the individuals:

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, per capita payments, work/training allowances, etc. Verification of income is required for all household members (Paycheck stubs, award letters, etc.) Households with earned income must provide a full month's wage statement(s). Two (2) current pay stubs if paid bi-weekly, four (4) current pay stubs if paid weekly. Attach a separate sheet if you need to list additional household members.

Household Member	Employer/ Source of Income	Type of Income (Wages, Social Security, TANF, Child Support, etc.)	Gross Amount	How often Paid Monthly, Bi-Weekly, Weekly
1.				
2.				
3.				
4.				
5.				

SELF-EMPLOYMENT INCOME:

Are there any members in your household who are self-employed? YES NO

If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses)

Household Member	Type of Business (Farm, Ranch, Rental, Daycare, etc.)	Occupation	Is your self-employment the primary source of income for meeting your living expenses?
1.			
2.			
3.			
4.			
5.			

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.

Household Member	Amount of Loan/Grant	Period of time Funds intended To cover	Type of Payment (Pell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees/Other Rel. Exp.
1.				
2.				
3.				
4.				
5.				

ALLOWABLE DEDUCTIONS (Please provide verification):**STANDARD SHELTER/UTILITY EXPENSE:**

Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense? YES NO

If yes, type of shelter/utility expense paid monthly: _____

DEPENDENT CARE:

Does anyone in your household pay for the care of a child or other dependent 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, name and address of person providing care: _____

Amount paid: \$_____ How often paid (Weekly, Monthly, etc.) _____

CHILD SUPPORT:

Does anyone in your household pay court ordered child support for a non-household member: YES NO

If yes, complete the following: Amount ordered to pay: \$_____ Amount actually paid: \$_____

EXCESS MEDICAL EXPENSES:

Anyone in your household elderly and/or disabled? YES NO

If yes, complete the following: Monthly total of medical expenses, excluding special diets: \$_____

AUTHORIZED REPRESENTATIVE:

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

Name	Address	Phone Number
1.		
2.		
3.		
5.		

RACIAL/ETHNIC DATA COLLECTION:

This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. What is your ethnic category? Hispanic or Latino or Not Hispanic or Latino

2. What is your race? American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

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, 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 the 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 the UIT Food Distribution 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 utility expense; or a change in the legal obligation to pay child support.

Applicant's Signature _____ Date _____

Caseworker's Signature _____ Date _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> from any USDA office, by calling (833) 620-1071, 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:

- (1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.