



**UTE INDIAN TRIBE  
Food Distribution Program**

P. O. Box 280  
Fort Duchesne, Utah 84026  
Phone (435) 722-3674 • Fax (435) 722-3675

**AUTHORIZATION FOR ELIGIBILITY INVESTIGATION**

I, \_\_\_\_\_ F.B. # \_\_\_\_\_

Name

Residing at \_\_\_\_\_

Street Address

City

State

Zip Code

I hereby authorize The Ute Indian Tribe Food Distribution Program, to verify my income with the Ute Indian Tribe Pay Roll, Ute Indian Tribe Water Settlement and the Ute Indian Tribe Housing Pay Roll Department, also may include any entities outside of the Ute Indian Tribe including self-employment. Also, other income such as: (SSA) Social Security Benefits, or (SSI) Supplemental Security Income, (VA) Veterans Administration and IIM Accounts, Department of Work Force Services, Unemployment Benefits, and other facts relevant to my eligibility for participation in the Ute Indian Tribe Food Distribution Program.

I also authorize any person, Partnership, Corporation, Association or Government, State, Agencies processing information on such matters to release such information to the Ute Indian Tribe Food Distribution Program.

**I CERTIFY THAT I HAVE RECEIVED AND READ THE  
DECLARATION CONCERNING MY RIGHTS UNDER THE  
PRIVACY ACT OF 1974.**

**Signature,** \_\_\_\_\_ **Date,** \_\_\_\_\_

**Social Security Number,** \_\_\_\_\_

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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.