



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

FOOD DISTRIBUTION PROGRAM APPLICATION

7500 Odawa Circle, Harbor Springs, MI, 49740

P-(231) 242-1620 F-(231) 242-1635

NAME: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TOWNSHIP: _____ PHONE NUMBER: _____

E-Mail Address (optional): _____

Are you a Tribal Citizen or do you live in the area served? YES / NO TRIBAL AFFILIATION: _____

Have you or a household member applied for or received SNAP (Food Stamps) last month or this current month?

YES / NO If yes, list the county _____

Please list your household members (including yourself)

| | <u>NAME</u> | <u>RELATION TO APPLICANT</u> | <u>SOCIAL SECURITY #</u> | <u>DATE OF BIRTH</u> |
|----|-------------|------------------------------|--------------------------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

Please include the social security numbers of each family member. This will help us to identify your household correctly. The social security numbers may also be used in program reviews or audits to make sure your household is eligible for food distribution. We are authorized to ask for this information under the Tax Reform Act of 1976.

Please list all household earned income from employment wages

| <u>Household Member</u> | <u>Employer Name</u> | <u>Gross Amount (Before Deductions)</u> | <u>How often paid</u> |
|-------------------------|----------------------|---|-----------------------|
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Please list all your household unearned income

| <u>SOURCE</u> | <u>Household Member</u> | <u>\$ Amount</u> | <u>How often paid</u> |
|-----------------------------------|-------------------------|------------------|-----------------------|
| Social Security | | | |
| SSI -Supplemental Security Income | | | |
| Child Support / Alimony | | | |
| Unemployment / Worker's Comp | | | |
| TANF / General Assistance | | | |
| Pension / Retirement / VA Benefit | | | |
| Per Capita Payments | | | |
| Kinship Care / Foster Care | | | |
| Other: | | | |

Please list all household deductions

| <u>SOURCE</u> | <u>Household Member</u> | <u>\$ Amount</u> | <u>How often paid</u> |
|----------------------------|-------------------------|------------------|-----------------------|
| Child Care / Child Support | | | |
| Medicare Part B/D premiums | | | |
| Other Medical | | | |
| Shelter/Utility | | | |

Is anyone in your household self-employed? YES / NO If yes, please provide your Schedule C tax form

Authorized Representative You can authorize someone outside of your household to pick up your USDA foods

| <u>NAME</u> | <u>Relationship</u> | <u>Address</u> | <u>Phone</u> |
|-------------|---------------------|----------------|--------------|
| | | | |
| | | | |

PENALTY WARNING

If your household receives USDA foods it must follow the following rules:

- **DO NOT** give false information or hide information to get or to continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trade, sell or use someone else’s USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (Food Stamps) simultaneously. Participation in both SNAP and USDA food distribution at the same time is prohibited.
- **DO** report any household changes including if your income increases by \$100.00 or more

Fair Hearings

You or your representative may request a fair hearing in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any representative of your choice. If you are in need of free legal representation, please contact the food distribution program director listed on the front page.

I understand the questions and statements on this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office representative a name or organization to contact and obtain the necessary proof.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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 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.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800)221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm

USDA is an equal opportunity provider and employer.

Applicant Signature: _____ **Date:** _____