



DOCUMENTATION REQUIRED TO COMPLETE THE FOND DU LAC BAND OF LAKE SUPERIOR FOOD DISTRIBUTION APPLICATION.

1. A completed application which lists all household members, their date of birth, social security numbers and a signature of the applicant.
2. Valid tribal identification or Minnesota identification with current name and address.
3. Income Verification for the past 30 calendar days for all adults 18 years or older. Income includes but is not limited to:
 - Wages: at a minimum, at least two check stubs for all adults receiving wages. Self-employed individuals must submit previous years' income tax form with either a Schedule C or F. This copy must be signed and dated. Persons paid in cash must provide a signed statement from their employer.
 - Social Security and Supplemental Social Security benefits. A copy of a check or an award letter from the Social Security Administration can be provided as documentation.
 - Pensions
 - Public or General Assistance
 - Child support payments received. A court order for payments must accompany the application
 - If there is zero income in the household for anyone over 18, a zero-income form must be completed.
4. Child Care Expenses and/or Child Support Deductions: To claim the allowable child care expenses, a receipt from the child care provider must be submitted. To claim the allowable child support deductions, a copy of the court order must be provided.
5. Shelter/Utility Expense Deduction: A \$450.00 deduction will be applied to eligibility determinations when it can be shown that there is a monthly shelter/utility expense in any amount being paid by the household.
6. Medical Expense Deduction: If there are elderly (60+) or disabled household members, a deduction in the amount of the medical expense is available for medical expenses over \$35.00 incurred monthly by a household.
7. SNAP Benefits (Food Stamps) Participation: If anyone in the household is receiving food stamp assistance from their county, the household cannot participate in the Fond du Lac Band of Lake Superior Chippewa Food Distribution program. This will be verified with the county when an application is received.

PLEASE NOTE:

Failure to adhere to the policies set forth by the USDA Food and Nutrition Service could result in denial of services to the Fond du Band of Lake Superior Chippewa Food Distribution Program. Documentation must be in place before the distribution of USDA foods.

The certification process can take up to one week, if all required documentation is not received, you will need to fill out a new application.



**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA
FOOD DISTRIBUTION PROGRAM APPLICATION**

50 University Road, Cloquet

Phone: (218) 878-7505, (218) 878-7507, (218) 878/8027 Fax: (218) 878-8003

Head of Household Information:

Name		Date	
Address			
City, State, Zip			
Date of Birth		SSN	
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widow(er)		
Phone/Message Number	()		

Are you a member of a federally recognized tribe? Yes No Tribal Affiliation: _____

Service Area: (please mark one) Fond du Lac Reservation Carlton County St. Louis County

Have you or your household applied or received SNAP benefits (Food Stamps) last month or the current month? Yes No

Delivery service is available to Elder's (60+ years old) and Disabled participants.

Would you like this service? Yes No

Race: (please mark one)

<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Asian
<input type="radio"/> White	<input type="radio"/> Native Hawaiian or Other Pacific Islander
<input type="radio"/> Black or African American	

Please list all Household Members

<u>Name</u>	<u>Relation to Head of Household</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Authorized Representative

An individual designated by a responsible member outside of your household to act on behalf of the household in making an application for USDA foods and/or obtaining USDA foods.

<u>Name</u>	<u>Phone Number</u>
1.	
2.	
3.	

Please list your households Earned Income

Please list all sources of earned income from employment wages

<u>Household Member</u>	<u>Employer Name</u>	<u>Gross Amount (Before Deductions)</u>	<u>How Often Paid</u>

Is anyone Self-Employed? Yes No

If Yes, attach Schedule C from last year's Income tax return.

Please list your households 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			
Kinship Care/Foster Care			
Monthly Per Capita Payment			
Other			

Deductions

Attach documentation for the type and amount of deduction.

<u>Source</u>	<u>Household Member</u>	<u>Amount Paid</u>	<u>How Often Paid</u>
Shelter/Utility			
Child Care/ Child Support			
Medicare Part B & D Premiums			
Medical (Elder/Disabled)			

FAIR HEARING

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 need free legal representation, please contact the food distribution program supervisor listed on this form.

PENALTY WARNING

If you or your household receives USDA foods it must follow the following rules.

- DO NOT give false information or hide information to receive or continue to receive 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 any USDA foods and SNAP (Food Stamps) simultaneously. Participate 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

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 Violations (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. Individuals committing an IPV may be referred to authorities for prosecution. Any individual who has been disqualified for an IPV under SNAP is ineligible for Food Distribution Program benefits until the SNAP disqualification has expired.

CERTIFICATION STATEMENT

I CERTIFY THAT I HAVE READ THIS APPLICATION AND THE INFORMATION CONTAINED IN IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MUST COMPLY WITH THE 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 CHANGES IN HOUSEHOLD SIZE OR INCOME/RESOURCES TO THE FOOD DISTRIBUTION PROGRAM WITHIN TEN (10) DAYS OF THE DATE THE CHANGE BECOMES KNOWN.

Applicant Signature _____ Date _____

USDA NONDISCRIMINATION STATEMENT

SNAP and FDPIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW. Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email:

program.intake@usda.gov.

This institution is an equal opportunity provider.



FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA
FOOD DISTRIBUTION PROGRAM
50 UNIVERSITY RD. CLOQUET, MN 55720
PHONE (218) 878-7505, (218) 878-7507, (218) 878-8027
FAX: 218-878-8003

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize any or all agencies to release the following information to the Fond du Lac Band of Lake Superior Chippewa Food Distribution Program.

- Income
- Monthly or Yearly Per Capita
- Household Members
- Address Verification
- Paid Shelter/Utility Verification
- Tribal Enrollment
- Snap Verification for All Household Members
- Other: _____

I further understand that this authorization will become void when I or any member of my household no longer receives assistance from this agency, or at my written request. A copy of this information shall be valid as the original.

Printed Name

Applicant Signature

Date