

**FDL Community Center's
2020 District Food Bank Distribution
Application**

The Fond du Lac Band of Lake Superior Chippewa is providing food packages to community members who are impacted by the COVID-19 public emergency, including through illness, public health precautions, loss of income, and increased living expenses. Upon a showing of the need related to the COVID-19 public health emergency, Fond du Lac Band members are eligible for a food package to be provided by the Reservation Business Committee through the Coronavirus Aide, Relief and Economic Security (CARES) Act funding.

In order to be eligible, a Band member must have lost income as a result of COVID-19 or must have additional expenses for necessities due to COVID-19. The Band member must personally pick up the food package(s) for the household and must present the Band member's tribal identification card.

District elders with no transportation please contact your district community center.

Questions please contact:

Cloquet Center (218) 878-7589 Mel Diver

Sawyer Center (218) 878-8194 Brenda Shabiash

Brookston Center (218) 878-8048 Bryan Bosto

Address' will be verified and assigned to appropriate community center for distribution and designated pick up.

Enrollee Name: _____ Date: _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ **FDL Enrolled (circle) Y N**

Must reside in district to pick up. (circle) Cloquet Sawyer Brookston

Please list all members of your household. (children and adults. FDL Enrolled and not enrolled)

Last Name	First Name	Age	FDL Enrolled

Please list any other members on backside of sheet.

(Continued)

Please list all members of your household. (children and adults. FDL Enrolled and not enrolled)

Last Name	First Name	Age	FDL Enrolled

Designated/authorized person to pick up.

I designate/authorize _____, to pick up for my household due
(Print name)
to lack of transportation. *There are no changes to a designated/authorized person to pick up once submitted.*

Please indicate the number of diabetics in household. _____

I, certify and affirm that I need food assistance as a result of impacts affecting me or members of my household of the COVID-19 public health emergency, public health precautions, illness, loss of income or increased expenses.

I declare under penalty of perjury that the information in this application is true and correct.

Signature of Applicant: _____ Date: _____