

KICKAPOO TRIBE FOOD DISTRIBUTION PROGRAM APPLICATION

**Instructions: Complete the following information. If you refuse to cooperate/provide verification, your application will be denied.
You must provide proof/verification of all income and allowable deductions.**

| | | | |
|---------------------------|--|-----------------|------------------------|
| Name (Head of Household): | | County: | OFFICE USE ONLY |
| Street Address: | | Household Size: | |
| City/State/Zip Code: | | Telephone No. | |
| Directions To Your Home: | | | |

Do you reside within the Kickapoo Reservation boundaries/or near area? Yes No (if no you must provide a copy of Federally Recognized enrollment)

County where you reside

- Atchison
- Brown
- Jackson
- Jefferson

RACIAL.ETHNIC DATA COLLECTION: This form 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 of Latino
2. What is your race? Native American or Alaskan Native Asian
 Black or African American Native Hawaiian or Pacific Islander White

Date Received _____

Certification Period
_____ to _____

Contact with County Office

Yes No

Comments _____

HOUSEHOLD MEMBERS: 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 a separate sheet if you need to list additional household members.)

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, work/training allowances, etc.

Verification of income is required for all household members (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statement

| NAMES OF ALL HOUSEHOLD MEMBERS | RELATIONSHIP | DOB | SOCIAL SECURITY # | INCOME SOURCE | GROSS AMOUNT | HOW OFTEN REC |
|--------------------------------|--------------|-----|-------------------|---------------|--------------|---------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Are you or anyone in your household currently receiving SNAP benefits? Yes No If yes, list names: _____

Have you or anyone in your household recently applied for SNAP benefits? Yes No If yes, list names: _____

Have you or anyone in your household been **disqualified** from the Supplemental Nutrition Assistance Program (SNAP) for an **Intentional Program Violation**?

Yes No. If yes, list name(s): _____

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 | COLLEGE | AMOUNT OF LOAN/DEBT | PERIOD OF TIME FUNDS INTENDED TO COVER | TYPE OF PAYMENT (PELL GRANT, STUDENT LOAN, BIA, ETC) | Amount used to pay Tuition/School Fees/Other E |
|------------------|---------|---------------------|--|--|--|
| | | | | | |
| | | | | | |

ALLOWABLE DEDUCTIONS

Standard Shelter/Utility Expense- Do any household members pay a monthly shelter or utility expenses? Yes No

Dependent Care- Does anyone in your household pay for the care of a child or other dependents 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, please provide the name, address _____ Amount Paid \$ _____

Child Support- Does anyone in your household pay court ordered child support for a non-household member? Yes No

If yes, please provide documentation of the amount paid. \$ _____

Medical Expenses –(Elderly and/or Disabled Household Members) Please provide documentation and amount paid each month \$ _____

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

| NAME(S) | ADDRESS | TELEPHONE NUMBER |
|---------|---------|------------------|
| | | |

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, resources, 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 and IPV may be referred to 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 m 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 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 or utility expense; or a change in the legal obligation to pay child support.

Applicant's Signature _____ **Date** _____

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, audiotope, 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) 690-690-7442; or (3) Email: program.intake@usda.gov **This Institution is an equal opportunity provider**

