



FDPIR: FOOD DISTRIBUTION PROGRAM

October 1, 2023 – September 30, 2024



Information and Instructions:

For Your Application to be “Certified” for the USDA Food Program:

Bring, Text, Email or Send “COPIES” of All the Following Information:

- 1 month of weekly, biweekly, part time check stubs for **“All” persons in household 20% deduction.**
- **Unemployment** statement for **"ALL" persons in household.**
- Statement of Monthly Income you get in mail in December if you get **SSI/SS/Retirement** benefits etc.
- **MI Drivers License** - **MI ID**- **Tribal ID** (for proof of residency).
- Bank Statement **only** if you have **Direct Deposit** for your SSI. Any other income in the household not listed.
- **Cancellation** or **Denial** from the **SNAP Program** if it applies to household.
- **Current Rent Receipt** or **Current Utilities Bill** for a \$500 shelter and utility deduction off total monthly income.

Recertification for USDA Food Program Requires a New Application.

We conduct a SNAP (Supplemental Nutrition Assistance Program) check with the State of Michigan and verify enrollment with your tribe; before your application can be certified. To complete the application process **“All Required Documentation” (paper work)** must be with application. You have seven days from the date of application to return all necessary documentation or you must start the application process from the beginning. A completed certification process must be in place before the distribution of benefits: this process can take up to seven (7) business days.

Households CANNOT participate in “BOTH” the USDA Food Distribution Program and SNAP Program in the same month; however, eligible households can switch from one program to the other at the end of each month.

PLEASE NOTE: The Food Distribution Program is Federally Funded. The USDA sets the rules and guidelines for the program. Failure to adhere to the policies set forth by the USDA Food and Nutrition Service could result in termination of this service to the Little River Band of Ottawa Indians.

DISQUALIFICATION NOTIFICATIONS: Participant households and/or the Tribe may be disqualified for the program violations listed below:

- Intentional SNAP Violations
- Intentional FDPIR Program Violations
- Failure to Pay an Active Claim
- Tribal, state, or local prosecution of program fraud

INCOME REQUIREMENTS

October 1, 2024 – September 31, 2025

| <u>Household Size</u> | <u>Income Limits</u> | <u>Household Size</u> | <u>Income Limits</u> |
|-----------------------|----------------------|---|----------------------|
| 1 | \$1,413.00 | 6 | \$3,636.00 |
| 2 | \$1,842.00 | 7 | \$4,064.00 |
| 3 | \$2,270.00 | 8 | \$4,493.00 |
| 4 | \$2,708.00 | For each additional member add \$429.00 | |
| 5 | \$3,173.00 | | |

REQUIRED NONDISCRIMINATION STATEMENT

This facility is an equal opportunity provider.

“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, audiotope, 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 online 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. 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: FNCSIVILRIGHTSCOMPLAINTS@usda.gov



Little River Band of Ottawa Indians

Food Distribution Program

2608 Government Center Drive

Manistee, Michigan 49660



Jamie Friedel

Program Supervisor

Office: 231-655-1673 Cell: 231-655-1041

Melanie Ceplina

Program Assistant

231-398-6716

Application for the Food Distribution Program on Indian Reservations (FDPIR)

NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP: _____ **TELEPHONE:** _____ **COUNTY:** _____

E-MAIL (OPTIONAL) _____

Are you a Registered Tribal Member? YES \ NO

Have you or a member of your household applied for or received SNAP (Food Stamps/Bridge Card) last month or currently? YES \ NO If yes, what county? _____

RACIAL OR ETHNIC HERITAGE: (Optional)

You are not required to provide this information; your cooperation will help determine compliance with Federal Civil Rights laws. In no instance will this information be used in consideration of your application. If you choose not to answer it, this will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

- _____ American Indian
- _____ Black (Not of Hispanic origin)
- _____ Hispanic
- _____ Asian/Pacific Islander
- _____ White (Not of Hispanic origin)

HOUSEHOLD MEMBERS:

Please list all household members including yourself. Also, include the social security numbers of each family member. This will help us identify your household correctly. The social security numbers may also be used in program reviews and or audits to make sure your household is eligible for the FOOD DISTRIBUTION PROGRAM. We are authorized to ask for this information under the Taz Reform Act of 1976.

| NAME | RELATIONSHIP | SOCIAL SECURITY # | DATE OF BIRTH |
|-------------|---------------------|--------------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

HOUSEHOLD INCOME:

Please List Your Entire Household Income.

| EMPLOYER'S NAME | HOUSEHOLD MEMBER | GROSS before deductions | HOW OFTEN PAID |
|------------------------|-------------------------|--------------------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Is anyone in your household self-employed? Yes\NO. (If yes, provide schedule C tax form.)

UNEARNED INCOME:

Please list all household UNEARNED INCOME: Please place a Zero if you do not receive.

| SOURCE | HOUSEHOLD MEMBER | TOTAL AMOUNT | HOW OFTEN PAID |
|---------------------------------|-------------------------|---------------------|-----------------------|
| Social Security | _____ | _____ | _____ |
| SSI | _____ | _____ | _____ |
| Child Support/Alimony | _____ | _____ | _____ |
| Unemployment/ Workmen's Comp | _____ | _____ | _____ |
| General Assistance | _____ | _____ | _____ |
| Pension/VA Benefit | _____ | _____ | _____ |
| Retirement | _____ | _____ | _____ |
| Per Capita | _____ | _____ | _____ |
| Kinship/Foster Care | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

HOUSEHOLD DEDUCTIONS:

Please list all household DEDUCTIONS, place a Zero if you do not pay.

| SOURCE | HOUSEHOLD MEMBER | TOTAL AMOUNT | HOW OFTEN PAID |
|--------------------------------|-------------------------|---------------------|-----------------------|
| Child Care/ | _____ | _____ | _____ |
| Child Support | _____ | _____ | _____ |
| Medicare Part: B/D Premiums | _____ | _____ | _____ |
| Other Medical | _____ | _____ | _____ |
| Shelter/Utility | _____ | _____ | _____ |

Proxy/Authorized Representative: You may authorize someone to pick-up your USDA foods.

| NAME | ADDRESS | PHONE # | RELATIONSHIP |
|-------------|----------------|----------------|---------------------|
|-------------|----------------|----------------|---------------------|

