



FDPIR: FOOD DISTRIBUTION PROGRAM

October 1, 2022 – September 30, 2023



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.

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 paper work”** must be with application. You have seven days from date of application to return all necessary documentation or you must start the application process from the beginning. *Food Distribution Program is Federally Funded. The USDA sets the rules and guidelines for the program.*

NO households may participate in **“BOTH”** the USDA Food Distribution Program and SNAP Program in the same month. But eligible households can switch from one program to the other at the end of each month.

October 1, 2022 – September 31, 2023

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1	\$1,326.00	6	\$3,358.00
2	\$1,719.00	7	\$3,751.00
3	\$2,113.00	8	\$4,144.00
4	\$2,506.00	For each additional member add \$394.00	
5	\$2,931.00		

PLEASE NOTE: 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. Documentation must be in place before the distribution of benefits. The complete certification process can take up to seven business days.

USDA is an equal opportunity provider and employer.



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? _____

YOUR RACIAL 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 WILL IN NO WAY EFFECT CONSIDERATION OF YOUR APPLICATION. We are authorized to ask for this information under Title VI of the Civil Right Act of 1964.

American Indian _____ Black- not of Hispanic origin _____ Hispanic _____ Asian/Pacific Islander _____ White-not of Hispanic origin _____

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.

[illegible]

Please list your entire households Income.

EMPLOYER'S NAME	HOUSEHOLD MEMBER	GROSS <small>before deductions</small>	HOW OFTEN PAID

Please list all household UNERARED INCOME, 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	_____	_____	_____

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	_____	_____	_____

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

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

NAME	RELATIONSHIP	ADDRESS	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____

PENALTY WARNING

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

- ☐ DO NOT give false information or hide information to get or 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 & FDPIR 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 need a free legal representative, please contact the food distribution program director listed on the front page.

I understand the questions and statements of 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.

Signature: _____

Date: _____

“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. The 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:
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.”

For Office Use Only

Date Application Received: _____ Certification Worker: _____

_____ New Application _____ Re-Certification Application _____ Change in circumstance

Income Verified: YES \ NO Tribal Member/Service Area: YES \ NO

SNAP (food Stamps) Verification: YES \ NO Workers Initials: _____

Date Verified: _____