

CASE NO: _____



Little River Band of Ottawa Indians

Food Distribution Program
2608 Government Center Drive
Manistee, Michigan 49660
231-398-6716 or 231-398-6715

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

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ TELEPHONE: _____ COUNTY: _____

Are you a registered Tribal Member or live in the service area? YES \ NO

Have you or a household member applied for or received SNAP (Food Stamps/Bridge card) last month or this current month? YES \ NO
If yes, list the county _____

Please list your household members (including yourself)

NAME	RELATIONSHIP	SOCIAL SECURITY NO.	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your entire household EARNED INCOME/ Income from Work.

EMPLOYER'S NAME	HOUSEHOLD MEMBER	GROSS AMOUNT BEFORE DEDUCTIONS	HOW OFTEN PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all your household **UNEARNED INCOME**, Place a zero if you do not receive.

SOURCE	HOUSEHOLD MEMBER	TOTAL AMOUNT	HOW OFTEN PAID
Social Security	_____	_____	_____
Supplemental Security Income –SSI	_____	_____	_____
Child Support/Alimony	_____	_____	_____
Unemployment/ Workmen’s comp	_____	_____	_____
General Assistance	_____	_____	_____
Pension/Retirement VA Benefits	_____	_____	_____
Per Capita Payments	_____	_____	_____
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, please provide your Schedule C tax form.

PROXY/Authorized Representative: You can authorize someone outside your household to pick-up your USDA foods for you.

NAME	RELATIONSHIP	ADDRESS	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PENALTY WARNING

If you're 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** trades, 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.

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 are in need of 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: _____

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaint/filinf/cust.html> or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at S.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State information/Hotline Numbers (click the link for listings of hotline numbers by State); found online at <http://www.fns.usda.gov/snap/contactinfo/hotlines.htm>

USDA is an equal opportunity provider and employer.

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: _____