



# FDPIR: FOOD DISTRIBUTION PROGRAM

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 \$450 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, 2021 – September 31, 2022

| <u>Household Size</u> | <u>Income Limits</u> | <u>Household Size</u>                   | <u>Income Limits</u> |
|-----------------------|----------------------|---|----------------------|
| 1                     | \$1,251.00           | 6                                       | \$3,211.00           |
| 2                     | \$1,629.00           | 7                                       | \$3,590.00           |
| 3                     | \$2,007.00           | 8                                       | \$3,968.00           |
| 4                     | \$2,393.00           | For each additional member add \$379.00 |                      |
| 5                     | \$2,802.00           |   |                      |

**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.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of age, color, disability, political beliefs, national origin, race, religion or sex. USDA is an equal opportunity provider and employer.



**Little River Band of Ottawa Indians**

Food Distribution Program  
 2608 Government Center drive  
 Manistee, Michigan 49660  
 Ken LaHaye  
 Program Supervisor  
 231-398-6715  
 or  
 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 Address (optional): \_\_\_\_\_

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 household members (including yourself)

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

Please include the social security numbers of each family member. This will help us to identify your household correctly. The social security numbers may also be used in program reviews or audits to make sure your household is eligible for food distribution. We are authorized to ask for this information under the Tax Reform Act of 1976.

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** 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 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: \_\_\_\_\_

*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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:*

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
Fax: (202) 690-7442; or  
Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.

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**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: \_\_\_\_\_