



# 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.

*In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on 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**



**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 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 Representative: You may authorize someone to pick-up your USDA foods.

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

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**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, 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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (Voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all 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) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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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: \_\_\_\_\_