



SHERWOOD VALLEY FOOD PROGRAM

FOR OFFICE USE ONLY:
 I.D. _____
 LOCATION: _____
 DATE RECEIVED: _____

APPLICATION FOR FOOD DISTRIBUTION

You may complete this form at home and mail, fax, or email it in or bring it to the office. Or, another member of your household or an adult who knows you may complete and return it to us with your permission.

IMPORTANT: When you are interviewed, please bring proof of all household income (pay stubs, award letters, copies of checks, etc.) You must provide proof/verification of all income and allowable deductions.

Name (Head of Household): _____ Tribe: _____
 Mailing Address: _____ Household Size: _____
 City/State/ZipCode: _____ Telephone No.: _____
 Residence Address/Directions _____

HOUSEHOLD MEMBERS: Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.)

NAME(S) OF ALL HOUSEHOLD MEMBERS <i>(Last, First, Middle Initial) . Please Print.</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD <i>(self, spouse, daughter, son, cousin etc.)</i>	DATE OF BIRTH	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Are you or anyone in your household currently receiving SNAP (Food Stamp) benefits? Yes No If yes, list names: _____

Have you or anyone in your household recently applied for SNAP (Food Stamp) benefits? Yes No If yes, list names: _____

Have you or anyone in your household been disqualified from the Supplemental Nutrition Assistance Program (SNAP) [Food Stamps] for an intentional program violation? Yes No. If yes, list name(s): _____

Are you or anyone in your household currently receiving SSI with a food allowance? Yes No If yes, list names: _____

INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, social security, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments from gambling enterprises, work/training allowances, etc. Verification of income is required for all household members (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	Employer/ SOURCE OF INCOME	TYPE OF INCOME (Wages, Social Security, TANF, Child Support, etc.)	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly
Zero Income Household**				

SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? Yes No If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income

HOUSEHOLD MEMBER	TYPE OF BUSINESS (Farm, Ranch, Rental, Day care, etc)	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

STUDENTS: Are there any students in your household who receive education grants, scholarships or loans? Yes No
If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Fell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees/Other Rel. Exp.

AUTHORIZED REPRESENTATIVE: To authorize someone outside your household to act on your behalf and/or pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

ALLOWABLE DEDUCTIONS [Please provide verification]:

STANDARD SHELTER/UTILITY EXPENSE: Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense? Yes No If yes, type of shelter/utility expense paid monthly: _____

DEPENDENT CARE: Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment or to attend training or pursue education which is preparatory to employment? Yes No If yes, name and address of person providing care: _____

Amount Paid: \$ _____ How often paid (weekly, monthly, etc.) _____

CHILD SUPPORT: Does anyone in your household pay court ordered child support for a non-household member? Yes No If yes, complete the following: Amount ordered to pay: \$ _____ Amount actually paid: \$ _____

EXCESS MEDICAL EXPENSES: Anyone in your household elderly and/or disabled? Yes No
If yes, complete the following: Monthly total of medical expenses, excluding special diets: \$ _____

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. What is your ethnic category? Hispanic or Latino *or* Not Hispanic or Latino
2. What is your race? American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

FAIR HEARING: If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNING: If your household receives USDA foods, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and/or disqualification from participation in the Food Distribution Program:

1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Supplemental Nutrition Assistance Program (SNAP) in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
2. Do not misuse (e.g., trade or sell) USDA foods.
3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willingly violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

AUTHORIZATION: I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report within ten (10) calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

Applicant's Signature _____ **Date** _____

FD-101 Application Form, Rev. 04/93

Office Use Only: Approval _____ Pending _____ Denied _____

Certifier Signature: _____ Date _____



SHERWOOD VALLEY FOOD PROGRAM

Nondiscrimination Statement:

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, (AD-3027) found online at: 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:

- (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.

This institution is an equal opportunity provider.

SHERWOOD VALLEY FOOD PROGRAM

YOUR RESPONSIBILITIES AND RIGHTS

CASE NAME

YOU HAVE BOTH RESPONSIBILITIES AND RIGHTS – THINGS YOU MUST DO AND THINGS YOU MAY EXPECT WHEN YOU APPLY. YOUR RESPONSIBILITIES AND RIGHTS ARE LISTED ON THIS FORM. PLEASE READ THEM VERY CAREFULLY

TO BE SURE YOU UNDERSTAND THEM, ASK ANY QUESTIONS IF YOU DO NOT UNDERSTAND. YOU ARE VERIFYING THAT YOU UNDERSTAND YOUR RESPONSIBILITIES AND RIGHTS WHEN YOU (OR YOUR AUTHORIZED REPRESENTATIVES) SIGN THIS FORM.

YOU HAVE A RESPONSIBILITY TO:

1. Give true, correct, and complete information on all forms including the application.
2. Follow all applicable rules and regulations.
3. Cooperate with FDPIR giving proof of your situation and of the information you give. If you are not able to give proof, give permission to get it by signing this release form.
4. Report the following to your worker:
 - Change of address
 - Any income that causes your household to exceed its maximum monthly income limit
 - Any change of persons living in your home
 - When anyone for whom you get commodities gets a job or leaves a job
 - When someone begins to get regular money payments or there is a change in the amount you get (for example: the start of unemployment compensation or a salary increase).

YOU HAVE A RIGHT TO:

1. Ask about the commodity program
2. Apply for program benefits
3. Get courteous and fair treatment with no discrimination because of marital status, race, color, sex, national origin, handicap, political beliefs, age, or religious creed
4. Get a decision on your eligibility for benefits within 7 days
5. Be advised of the maximum monthly income limit for your household size at the time of initial certification and at each recertification.

I have read (or have heard read to me) my responsibilities and rights. I understand what I must do and I agree to carry out those responsibilities.

Signature of Applicant/Recipient(s):

SIGNATURE OF HEAD OF HOUSEHOLD

DATE



SHERWOOD VALLEY FOOD PROGRAM

CASE NAME	WORKER ID
-----------	-----------

VERIFICATION OF HOUSEHOLD COMPOSITION

Please have someone outside of your home who knows about your household composition sign this form. No person shall knowingly aid or abet any person to unlawfully obtain commodities. Violators will be prosecuted.

To the best of my knowledge, (client's name) _____

lives at (address) _____

On Reservation: yes no _____ Verified by _____
Circle one Name of Reservation/Rancheria

The following is a complete list of all persons who live at that address:

The above information is true and correct to the best of my knowledge.

X _____ Date _____
Signature of person outside of the home to verify Household Information

_____ Phone # _____
Address of person signing form

_____ City State Zip

Comments: