

PRAIRIE BAND POTAWATOMI NATION

Food Distribution Program Application

15189 K Road • Mayetta, KS 66509

Phone 785-966-2718 • Fax 785-966-2529

INSTRUCTIONS: Complete the following information. If you refuse to cooperate or provide verification, your application will be denied. You must provide proof (verification) of all income and allowable deductions.

Name (Head of Household): _____ Phone Number: _____

Home Address (Street Address): _____ City/State/Zip: _____

Mailing Address (if different from above): _____

Which County do you reside? _____ Residence on Reservation? **YES** **NO**

If you do NOT live on the Reservation, your household must contain AT LEAST ONE PERSON who is a member of a Federally-recognized Indian Tribe. Documentation is required. **(Please provide copy of CDIB card.)**

TRIBAL AFFILIATION (OPTIONAL):

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. Your social security number is not required for eligibility determination. If you do not provide this information, it will NOT affect your case.

NAMES OF ALL HOUSEHOLD MEMBERS (Last, First, Middle Initial)		RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, son, daughter, cousin, etc.)	DATE OF BIRTH	SSN
1		SELF		
2				
3				
4				
5				
6				
7				
8				
9				
10				

Are you or anyone in your household currently receiving Food Stamps? **YES** **NO**

Have you or anyone in your household recently applied for Food Stamps? **YES** **NO**

If yes, list names of those who have applied: _____

Have you or anyone in your household been disqualified from the Food Stamp Program for an intentional program violation?

YES **NO** (If yes, list name of person(s) disqualified): _____

INCOME (EARNED & UNEARNED): List income from ALL sources for EACH household member listed above including wages, social security, SSI, TANF, general or public assistance, foster care payments, unemployment or workers' compensation, child support, alimony, pensions, VA 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.

HOUSEHOLD MEMBER	EMPLOYER / Source of Income	TYPE OF INCOME	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly

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, Schedule F, C, E, or other proof of self-employment costs and income such as current books showing income and expenses.

HOUSEHOLD MEMBER	TYPE OF BUSINESS farm, ranch, rental, daycare	OCCUPATION	HOW OFTEN PAID Monthly, Bi-weekly, Weekly

STUDENTS: Are there any students in your household who receive education grants, scholarships or student 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 Pell Grant, Student Loan, BIA	AMOUNT USED TO PAY TUITION / SCHOOL FEES

RESOURCES: List resources for all household members, except roomers and boarders. Attach additional names on a separate sheet if necessary.

HOUSEHOLD MEMBER	CASH ON HAND	CHECKING/SAVINGS ACCOUNT	STOCKS, BONDS, CERTIFICATES OF DEPOSIT, OTHER
	\$	\$	
	\$	\$	
	\$	\$	

ALLOWABLE DEDUCTIONS: DOCUMENTATION IS REQUIRED FOR VERIFICATION.

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 of person providing care) _____

Address: _____ Phone Number: _____

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 this month: \$ _____

MEDICARE: Does anyone in your household pay Medicare Part B Medical Insurance &/or Part D Prescription Drug Coverage Premium?

YES **NO** (If yes, complete the following) Household Member: _____ Amount Paid: \$ _____

AUTHORIZED REPRESENTATIVE(S): To authorize someone outside your household to pick up your commodities, complete this section.

NAME	ADDRESS	PHONE NUMBER

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

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic Origin |
| <input type="checkbox"/> Black | |

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 legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNINGS: If your household receives commodity food, 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 participate in the Food Stamp Program in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
2. Do not sell or trade commodity food.
3. Do not participate simultaneously in the Food Stamp Program and Food Distribution Program.
4. Do not commit any act that violates a Federal statute or regulation relating to the acquisition or use of Food Distribution commodities.

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. Individuals committing an IPV may be referred to authorities for prosecution.

AUTHORIZATION: I authorize the release of any necessary information or forms to the Potawatomi Food Distribution Program from individuals, businesses, employers, schools, banking institutions, Federal, State, or Tribal agencies needed to determine and 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 valid for twelve (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 herein is true and accurate 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 any changes in household size, income and/or resources to the Potawatomi Food Distribution Program **WITHIN TEN (10) DAYS** of the date the change becomes known.

Applicants Signature: _____ Date: _____

Director's Signature: _____

Date Stamp

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