

**APPLICATION FOR FOOD DISTRIBUTION PROGRAM
ON INDIAN RESERVATION**

KLAMATH TRIBES COMMODITY PROGRAM
1625 Martin St.
KLAMATH FALLS, OR 97601
(541) 883-2876
FAX: 883-6505



FOR OFFICE USE ONLY CASE # _____ DATE RECEIVED: _____

Name _____

Mailing Address (include city/zip): _____

Residence Address: _____

Directions to your home: _____

Phone number (message number): _____

INTENTIONAL PROGRAM VIOLATIONS: An intentional program violation is considered to have occurred when a household member knowingly, willingly, and with deceitful intent:

1. Make a false or misleading statement, or misrepresents conceals, or withholds facts in order to obtain Food Distribution Program benefits that the household is not entitled to received; or
2. Commits any act that violates a Federal statute or regulation relating to the acquisition or use of Food Distribution Program commodities.
3. **You may not receive commodity food if you are also receiving food stamps.**

Only the household member determined to have committed the IPV will be disqualified – not the entire household.

PENALTIES

Household members determined by the ITO/State agency to have committed an IPV will be ineligible to participate in the program:

1. For a period of 12 months for the first violation;
2. For a period of 24 months for the second violation; and
3. Permanently for the third violation.

Are you or anyone in your household currently receiving food stamps? Yes No

If yes, list names _____

Have you or anyone in your household recently applied for food stamps? Yes No

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

Yes No If yes, list name: _____

List each household member who lives and eats with you **including yourself** (except roomers and boarders)

NAME(S) OF HOUSEHOLD MEMBERS First/Middle/Last	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1)			
2)			
3)			
4)			
5)			
6)			
7)			

IN ORDER TO ISSUE COMMODITIES TO YOUR HOUSEHOLD, WE MUST HAVE PROOF OF A TRIBAL AFFILIATION, COPIES OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, PROOF OF YOUR ADDRESS AND PROOF OF ALL HOUSEHOLD INCOMES.

INCOME: List income from employment salary for all household members.

You must provide one month proof of income. Include full and part-time employment, plus those who receive income from JTPA or Win.

Enter the **Gross (before taxes and deductions) salary.**

NAME	TYPE & SOURCE	AMOUNT	HOW OFTEN

Other Income (unearned)

Income from social security, retirement, SSI (supplemental security income) veterans benefits, unemployment, GA(general assistance) or TANF, foster care, child support, alimony, interest on stock, bonds, savings, and payments from gambling enterprises.

You must provide proof of all income sources.

NAME	TYPE & SOURCE	AMOUNT	HOW OFTEN

SELF EMPLOYMENT INCOME: (from worksheet) You must attach copies of your last year's Federal income tax form, if available or proof of self-employment costs and income:

NAME	TYPE & SOURCE	AMOUNT	HOW OFTEN

STUDENT INCOME: grants, scholarships, and loans

NAME	TYPE & SOURCE	AMOUNT	HOW OFTEN

STUDENT EXPENSES: Only tuition or mandatory fees

NAME	TYPE & SOURCE	AMOUNT	HOW OFTEN

DEPENDENT CARE: Does anyone in your household pay for the care of 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(s) providing care. (provide proof)

Name _____ Address _____ Amount _____

Name _____ Address _____ Amount _____

Contact workers who may have a partial year contract (6, 9, 10 months) will have their total salary averaged over a 12-month period per USDA regulations.

THIS SIDE FOR OFFICE USE ONLY

Multiply weekly income by 4.3
Multiply bi-weekly by 2.15
Multiply twice a month by 2

TOTAL GROSS INCOME

1) \$ _____

Multiply line 1 by .80
(earned income deduction)

2) \$ _____

Total Unearned Income

3) _____

Add line 2 and 3

4) _____

Total Gross Self-Emp.

5) \$ _____

Multiply line 5 by .80
(earned income deduction)
Total Self Employment

6) \$ _____

Total Education Income

7) \$ _____

Subtract edu. Expenses of
\$ _____ from item # 7

8) \$ _____

Add items 4, 6, & 8 for
total income

9) \$ _____

Total dependent care

10) \$ _____

Subtract line 10 from 9

11) \$ _____

12) HOUSEHOLD SIZE
\$ _____

FOOD DIST. LIMIT
FOR HH SIZE

\$ _____

HOUSEHOLD RESOURCES:

Cash on hand \$ _____

Savings account: \$ _____

Checking account: \$ _____

TOTAL \$ _____

The maximum resource limit is \$1750 per household

The limit is \$3,000 for all households with two or more members if at least one member is age 60 or over.

IF YOUR HOUSEHOLD CLAIMS ZERO INCOME:

Do you pay rent? Yes No

Do you own your own home? Yes No

Do you live with family? Yes No

Do you perform odd jobs in exchange for housing? Yes No

Do you have a utility bill? Yes No

If you perform paid odd jobs what are they?

- Fishing Yard Work Vehicle Repair Arts & Crafts
- House Cleaning Woodcutting Child Care Other: _____

How much per month do you make doing these jobs? _____

How do you pay your other expenses (gas for car, clothing, etc.)? _____

AUTHORIZED REPRESENTATIVE: To authorize someone outside your household to pick up your food or prepare your application forms, complete the information below.

NAME(S)	ADDRESS	TELEPHONE NUMBER
1) _____	_____	_____
2) _____	_____	_____

FAIR HEARING: If you disagree with any action taken on your household's case you or your representative may request a fair hearing in writing or orally. Your case may be presented by any person you choose.

RACIAL/ETHNIC HERITAGE: Title VI of the Civil Right Act of 1964 allows us to ask for racial/ethnic information. You do not have to give this information; however, providing this information will help us follow the Federal Civil Rights Law. If you do not provide this information, it will not affect your case.

- American Indian or Alaskan Native White Black Asian or Pacific Islander Hispanic Origin

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 report any changes in household size or income/resources within ten days of the date the change becomes known. I hereby authorize the Commodity Program Staff to verify my income, checking account, public assistance or AFDC grants and other financial or eligibility criteria.

Applicant's Signature _____ **Date:** _____

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CHECK DUAL PARTICIPATION

Date checked ___/___/___

AFS (541)883-5516

HOUSEHOLD CERTIFIED FOR 1 MO. 3 MO. 6 MO. 9 MO. 1 year

NOT ELIGIBLE (reason): _____

Categorically Eligible? Yes No

Expedited Service? Yes No

CHECK TRIBAL I.D.

Date checked ___/___/___

Roll # _____

___/___/___ through ___/___

Case Worker initial: _____

Case pending? Yes No