

HOOPA FOOD DISTRIBUTION PROGRAM
P.O. BOX 498
HOOPA, CALIFORNIA 95546
PHONE (530) 625-4646 FAX (530) 625-4717

APPLICATION CHECK LIST

Please do not submit this application until you have read it in its entirety, and have attached the required documents necessary to complete and/or process your application.

- The application form is completed. All blanks have been filled in and anything that does not apply has been left blank, or has been marked "N/A" which means not applicable.
- I have completed the application complete with appropriate social security numbers and birth dates for all members of the household.
- A current utility bill for my current residence is attached. In the event that I have not been able to submit a utility bill, I have attached a copy of a rental or lease agreement which verifies my residence.
- I have attached proof of my household income for the past thirty days. This may include but is not limited to: wages, self-employment, babysitting, room and board, per capita payments derived from gaming, rent, retirement, alimony, unemployment, worker's compensation, money received for college or training, dividends or interest, stocks or bonds, pensions, commissions, and strike benefits. Proof may include receipts, check stubs for the entire month, award benefit letters, passport to services, or a bank statement for benefits that are deposited directly into your bank account.
- If I perform odd jobs to help me pay for general living expenses, I have checked the self-employment section of the application; and provided a realistic estimate of my monthly income from performing odd jobs.
- I have included a zero income form for the household that does not have any income. One form has been completed as best as possible for the eligibility worker to determine a realistic view of our current living situation, and how we provide for our household despite not having regular income.
- I do not receive SSI or Food Stamps, and understand that I can not participate in this program if I am enrolled in the Food Stamp program or receive SSI.
- I live on a reservation; or do not and have attached verification of my membership in a federally recognized Tribe. I realize that California roll numbers and BIA (Bureau of Indian Affairs) certificate degree of Indian blood are not acceptable.
- I do not reside in a city or town with a population greater than 10,000. I realize that if it is determined that I do live in a city or town with a population greater than 10,000 that I will automatically be denied benefits pursuant to programs guidelines.
- I have completed all areas of the application, and have had the opportunity to designate an "Authorized Representative" to apply and pick-up my commodities if for some reason I am unable to pick them up myself or complete my paperwork.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

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HOOPA
FOOD DISTRIBUTION PROGRAM APPLICATION
P.O. Box 498
(530) 625-4646 FAX (530)625-4771

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

Name (Head of Household): _____ County: _____
Street Address: _____ Household Size: _____
City/State/ZipCode: _____ Telephone No.: _____
Directions To Your Home: _____

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 (Last, First, Middle Initial) . Please Print.	RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, daughter, son, cousin etc.)	DATE OF BIRTH	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

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

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

INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, social security, SSI, 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

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 (current books showing income and expenses).

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 (Pell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees/Other Rel. Exp.

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: \$ _____

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

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 willing 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 pr utility expense; or a change in the legal obligation to pay child support.

Applicant's Signature _____

Date _____

