


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.
- 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 Food Stamps, and understand that I can not participate in this program if I am enrolled in the Food Stamp program .
- 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.
- 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.

HOOPA FOOD DISTRIBUTION PROGRAM YOUR RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS:

As a participant of the Hoopa Food Distribution Program, you have a right:

* **To be interviewed in a timely manner, and have your application reviewed within seven (7) business days.**

* To be treated with courtesy, consideration and respect.

* To get help completing your application or any other required forms.

* To ask for translated forms, and ask for oral interpretation of forms if such translated forms are unavailable.

* To ask questions and provide information in a professional and confidential environment.

* To Request the opportunity for initial assessment as may be necessary to receive emergency benefits. If determined eligible for expedited services, to receive application status approval or disapproval within one (1) business day.

* To waive the face to face interview if circumstances allow. In a place a telephone interview may be offered, and/or other arrangements can be made with the Authorized Representative.

* To get written notification when your application is approved, denied, or pending, and to receive notification when benefits change or stop.

* To file a complaint within ninety (90) days and request a fair hearing if you dispute action taken on your application. To schedule a fair hearing, contact the Hoopa Food Distribution Program using the bottom portion of the notice you received stating the status of your application.

* To refuse any unwanted food when you are filling out your food order sheet.

YOUR RESPONSIBILITIES:

As a participant of the Hoopa Food Distribution Program, you are responsible for the following:

* You are responsible for insuring that your application is accompanied by the required documents to determine program eligibility; and you must provide information we may require to determine your program eligibility.

* In some cases, you may be responsible to provide information of an individual we may contact to verify required information such as income, residency, or other information required to determine your program eligibility.

* You are responsible for completing your application to the best of your ability, and to ask a staff member for additional assistance in completing your application if needed.

* You are responsible to report any changes in income or household within ten (10) days.

* You are responsible to cooperate with Hoopa Food Distribution and our attempts to process your application for services. In event that adequate cooperation is not achieved, your benefits may be canceled.

* You are responsible for providing reliable truthful information to aide Hoopa Food Distribution staff in prompt processing of your application.

* You are responsible to insure that you do not trade or sell your own or someone else's food distribution commodities.

*** You are responsible for checking your order before you sign for it. Your signature indicates that the order is completed as you ordered.**

* You are responsible for picking up your commodities in the month you are certified for. There are not retroactive benefits.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability."

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

**HOOPA FOOD DISTRIBUTION PROGRAM
 POST OFFICE BOX 498
 HOOPA, CA 95546
 (530) 625-4646**

AUTHORIZATION FOR RELEASE OF INFORMATION
 (Must Be Signed By All Adults in Household)

I/We, _____, residing at: _____, Hereby authorize representatives from the Food Distribution Program to verify information required to process my application for services. I authorize full disclosure of information to be provided to the Food Distribution Program.

Such information required may include: Income verification from earned (wages) or unearned wages (such as Social Security, cash aid, ect.), bank accounts including loans, savings and checking accounts, account balances, insurance savings certificates, account information from the Office of Trust Fund Management of the Bureau of Indian Affairs, Tribal Gaming distributions or per capita payments. Any additional information regarding income or resources.

I further authorize any person, partnership, corporation, association, or governmental agency and tribal office processing information on such matters to release any requested information to the Food Distribution Program or authorized representative employed therein.

I understand that the information obtained by the Hoopa Food Distribution Program will be confidential and used for program purposes only. I also acknowledge that the information obtained will be used to determine initial eligibility or continuing eligibility of the above named individual(s) to receive program benefits. This information may also be used to determine statistical information to improve program effectiveness; or for enforcement purposes to determine if any Food Distribution Program regulations have been violated and enforcement proceedings are warranted.

Date	Print Name	Signature	Social Security Number
			- -
			- -
			- -
			- -

DO NOT WRITE BELOW THE DOTTED LINE

Please send us the following information to aid us in processing this application:

The above information may be faxed to (530) 625-4717, or returned by mail to the above address. Please send the information to the attention of _____, Certifier Date: _____

PERSONAL INFORMATION

Name: _____
 Social Security Number: _____ Birth Date: _____
 Mailing Address: _____

 Telephone: _____

 Home Work Message/Cell
 Physical Address: Please give directions to your home: _____

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

HOUSEHOLD INFORMATION

Include information on all members who you share food with; please do not forget to list yourself.

	Name and Relationship to Head of Household (self, spouse, son, daughter, etc.)	DOB	SSN	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

AUTHORIZED REPRESENTATIVES

The person(s) I authorize as my representatives will be allowed to pick up my commodities, and will assume full responsibility for any damages or losses. I have listed my authorized representative(s) below:

- 1) _____ 2) _____
 3) _____ 4) _____

Attach Additional Pages if Necessary

**OFFICE USE ONLY
 STAMP HERE**

Identification Verified?
 Yes No

AREA: _____
 COUNTY: _____

Residence Verified?
 Provided Adequate Proof of Residency
 DID NOT Provide Adequate Proof of Residency.

Residency
 Resides on Reservation
 Resides near Reservation
 Tribe: _____
 Roll#: _____

Household Information

Household Size: _____
 How Many Adults: _____
 Zero Income Forms: _____
 Completed for Unemployed Adults?
 Yes No

Authorized Representative(s) listed?

Yes No

HOUSEHOLD RESOURCES

FOR OFFICE USE ONLY

1. Has anyone in your household received food stamps this month or last month or have a case pending? Who? _____
 Where or what County? _____
 Is anyone living in your household self-employed? (This includes working odd jobs for money). If yes, who and how much money is received per month?

2. Is anyone in your household employed? (If yes, attach check stubs)
 Employee Name: _____ Employer: _____ Gross Mo. Income _____

Attach Additional Page if Necessary

YES NO
 YES NO

Check monthly print out received from Humboldt Co. *No one is receiving Food Stamps.*
 Called _____ of Social Services/Welfare
 Phone # _____
 County _____
 No Case History
 Discontinued as of _____
 Active Case
 Gross Self Employment

3. Does anyone in your household receive educational grants, scholarships or loans? If yes, please attach a copy of the students financial aid award letter from the school of attendance.
 4. Does anyone receive TANF? (Temporary Aid to Needy Families) or other County issued aid for providing care to foster children? If yes, please complete the following:
 Who Receives Income? _____ Check Amount _____ How Often _____

YES NO
 YES NO

Monthly Income
 1 \$ _____
 Monthly Business Costs
 2 \$ _____
 Subtract line 1 from line 2
 3 \$ _____
 Gross Monthly Wages and Salaries
 4 \$ _____

5. Does anyone receive Social Security (Blue-Green check)?
 Who? _____ How Much? _____

YES NO

Add line 3 and 4 enter total
 5 \$ _____

6. Does anyone receive SSI (Supplemental Security Income; Gold Check)
 Who? _____ How Much? _____

YES NO

Multiply line 5 by 20% and enter results
 6 \$ _____

7. Does anyone receive General Assistance?
 Who? _____ How Much? _____

YES NO

Subtract line 6 from line 5
 7 \$ _____

8. Does anyone receive Veteran's Benefits?
 Who? _____ How Much? _____

YES NO

Enter monthly amount of educational funding
 8 \$ _____

9. Does anyone receive pensions or retirement income?
 Who? _____ How Much? _____

YES NO

Enter monthly tuition/fees
 9 \$ _____

10. Does anyone receive unemployment, workman's compensation or disability insurance?
 Who? _____ How Much? _____

YES NO

Subtract line 9 from line 8
 10 \$ _____
 Add line 7 and line 10

11. Does anyone receive child support or alimony?
 Who? _____ How Much? _____

YES NO

11 \$ _____
 Total unearned income

12 \$ _____
 Add 11 and 12 enter results

12. Does anyone receive money from **gaming** per-capita payments?
 Who? _____ How Much? _____

YES NO

12 \$ _____
 Enter deductions for child care costs or child support

13. Does anyone pay for child care or care for a disabled adult? How much is paid per month? \$ _____ Attach verification from care provider

YES NO

13 \$ _____
 Subtract line 14 from line 13

14. Does anyone pay child support? \$ _____ mo.
 Please attach any award letters and verification for the above questions

YES NO

Enter Result on line 15

DO NOT MARK BELOW THIS LINE – FOR OFFICE USE ONLY

NET MONTHLY INCOME

15 \$ _____

HOUSEHOLD INCOME LIMIT: \$ _____ FOR A HH# _____

I have completed this application, and certify that the information entailed in this three page application are true and correct to the best of my ability and knowledge. I understand that it is my responsibility to cooperate and provide any additional information as necessary to determine my eligibility for the Hoopa Food Distribution Program. I have read the Rights and Responsibilities for the Hoopa Food Distribution Program, I understand and agree to the terms contained therein.

Print Name: _____ Signature: _____ Date: _____

**FOR OFFICE USE ONLY
CASE DETERMINATION**

Does this case qualify for expedited service? *YES* *NO*

Is this household categorically eligible? *YES* *NO*

Application Status:	<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Pending</i>	<input type="checkbox"/> <i>Denied</i>
Date:	_____	Date:	_____
Certification Period:	_____	Reasons:	_____
	_____		_____
	_____		_____
Certifier:	_____	Certifier:	_____

Other Notes: _____