

**COLVILLE CONFEDERATED TRIBES**
Food Distribution Program (FDP) Application
P.O. Box 150, Nespelem, WA 99155
Rose Sherwood, FDP Warehouse Manager, (509) 634-2767
Richard Tonasket, FDP Program Manager, (509) 634-2770

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

**How to submit your application:**
You can download this document and fill in the fields on your computer, save the completed form and email it as an attachment to rose.sherwood.lih@colvilletribes.com. If you prefer to print and fax the completed form, you can send it to (509) 634-2795.

Name (Head of Household): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City, State and ZIP code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD MEMBERS**

Please print the following information all EACH member of your household (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 Relationship Date of Birth Soc. Sec. #**
(Last, First, Middle Initial) (self, spouse, son, cousin, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SUPPLEMENTAL NUTRITION ASSISTANCE (SNAP) QUESTIONS**

Are you or anyone in your household currently received SNAP benefits? [ ]  Yes [ ]  No
If yes, list name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your household recently applied for SNAP benefits? [ ]  Yes [ ]  No
If yes, list name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your household ever been disqualified from 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, 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 (paycheck stubs, award letters, etc.). Households with earned income must provide a full month’s wage statements. **Attach a separate sheet if needed.**

**(If you have had zero income for the past 30 days, you must fill out Declaration of Zero Income on Page 6.)**

**Name Employer/Source Type Gross $ How often paid?** **Of Income** (Wages, Soc. Sec., **Amount** (Bi-weekly, monthly, etc.)
 TANF, etc.)

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**SELF-EMPLOYMENT INCOME**

Payment from rental property, roomers or boarders, farming, ranching and/or operating your own business is considered to be self-employment.
Are there any members of your household who are self-employed? [ ]  Yes [ ]  No

**If yes, complete the following section.** Please also provide a copy of last year’s Federal Income Tax form 1040; Schedules F, C or E if applicable; or other proof of self-employment costs and income (current books showing income/expenses).

**Name Type of Business Occupation Is this your primary income?**
 (farm, ranch, rental, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STUDENTS**

Are there any students in your household who receive educational grants, scholarships or loans? [ ]  Yes [ ]  No
If yes, complete the following section and provide verification.

**Name $ Amount Period of Time Type of Payment Amount Used on
 of Loan/Grant $ Intended to Cover (Pell Grant, Student Loan, BIA) Tuition, School or Related**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ALLOWABLE DEDUCTIONS**

Please provide verification for any of these that apply.

**SHELTER/UTILITY EXPENSE** – Does anyone in your household pay, on a monthly basis, at least one shelter or utility expense? [ ]  Yes [ ]  No If yes, what type of expense(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 for employment? [ ]  Yes [ ]  No
If yes, name and address of person providing care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Amount paid: How often paid? [ ]  Weekly [ ]  Monthly [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD SUPPORT** – Does anyone in your household pay court-ordered child support for a non-household member?
[ ]  Yes [ ]  No If yes, Amount ordered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount actually paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXCESS MEDICAL EXPENSES** – Is anyone in your household elderly and/or disabled? [ ]  Yes [ ]  No
If yes, what is the monthly total of medical expenses, excluding special diets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RACIAL/ETHNIC DATA – This information is voluntary and does NOT affect your eligibility.**

What is your ethnic category? [ ]  Hispanic/Latino [ ]  Not Hispanic/Latino

What is your race? [ ]  American Indian/Alaskan Native [ ]  Asian [ ]  Black/African American
 [ ]  Native Hawaiian/Pacific Islander [ ]  White

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** Program.Intake@usda.gov

This institution is an equal opportunity provider.

**AUTHORIZED REPRESENTATIVE – Complete this section to authorize someone outside of your household to act on your behalf and/or pick up your food.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 with the Food Distribution Program Manager Richard Tonasket. 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 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 entitles 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. Individuals committing an IPV may be referred to the authorities for prosecution.

**AUTHORIATION**

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 or verify my eligibility. I understand that this information will be used only for the purpose of helping 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 the 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 10 calendar days after the change becomes known to me any of the following:

* A change in household size or composition
* An increase in gross monthly income of more than $100.00
* A change in residence or address
* When the household no longer incurs a shelter or utility expense
* A change in the legal obligation to pay child support

Application Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**COLVILLE CONFEDERATED TRIBES**
Food Distribution Program Application

**DECLARATION OF NO INCOME**

For your eligibility for the Food Distribution Program, you must provide proof of income with your application. If you have had **zero income for the past 30 days**, you need to answer the following questions:

1. What was your total income for the past 3 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do you pay your utility bills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How do you pay your rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How do you get food for your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you receive financial assistance from your family or friends? [ ]  Yes [ ]  No
6. Are you currently looking for work? [ ]  Yes [ ]  No [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Have you applied for Public Assistance or General Assistance with the State or Tribal programs? [ ]  Yes [ ]  No
8. Are you residing with other (such as family or friends)? [ ]  Yes [ ]  No
If yes, do you purchase and prepare your food separately? [ ]  Yes [ ]  No

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , certify that the information I have provided accurately represents the total income for each member of my households (members 18 years and older).

Application Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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