

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 Of Income	Type <small>(Wages, Soc. Sec., TANF, etc.)</small>	Gross \$ Amount	How often paid? <small>(Bi-weekly, monthly, etc.)</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 <small>(farm, ranch, rental, etc.)</small>	Occupation	Is this your primary income?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 of Loan/Grant	Period of Time \$ Intended to Cover	Type of Payment (Pell Grant, Student Loan, BIA)	Amount Used on 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, audiotope, 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 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 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.

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 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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