



DOCUMENTATION REQUIRED TO COMPLETE THE FOND DU LAC BAND OF LAKE SUPERIOR FOOD DISTRIBUTION APPLICATION

- 1. A Completed Application Which Lists All Household Members, In Which You Cook and Eat Food With, Date of Births, Social Security Numbers, And Signature of Head of Household.**
- 2. Verification of Identity and Proof of Current Address**
- 3. Income Verification for The Past 30 Days for All Adults 18 Years and Older. Income Includes but Is Not Limited To:**
 - **Wages: Check Stubs, Bank Statements, Letter from Employer. (An Earned Income 20% Deduction Will Be Calculated by Certification Worker)**
 - **Self-Employment: Previous Years Income Tax Form Schedule C or F.**
 - **Social Security and Supplemental Social Security Benefits. Copy of Award Letter from Social Security Administration Can Be Provided as Documentation**
 - **Pensions**
 - **Public or General Assistance**
 - **Child Support Payments Received.**
 - **If Zero Income in The Household, A Zero-Income Form Must Be Completed.**
- 4. Child Care Expenses And/or Child Support Deductions: To Claim the Allowable Child Care Expense, A Receipt from The Child Care Provider Must Be Submitted. To Claim the Allowable Child Support Deduction, A Copy of The Court Order Must Be Provided.**
- 5. Shelter/Utility Expense Deduction: A Deduction Will Be Applied for Eligibility Determinations when It can be Shown that there Is a Monthly Shelter/Utility Expenses in Any Amount Being Paid by The Household.**
- 6. Medical Expense Deduction: If Elder (60+) Or Disabled Household Member(S), A Deduction in The Amount of The Medical Expense Is Available for Over \$35 Incurred Monthly.**
- 7. Home Care Meal Related-Deduction, proper proof is needed**

SNAP benefits (Food Stamps) participants: if anyone on your application is receiving food stamp assistance from their county, the household cannot participate in the FDL Food Distribution Program. Documentation must be in place before the distribution of USDA foods.

PLEASE NOTE:

Failure to adhere to the policies set fourth by the USDA Food and Nutrition Service could result in denial of services to the FDL Food Dist. Program. Documentation must be in place before the distribution of USDA foods.

The certification process can take up to one week, if all required documentation is not received.

**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA
FOOD DISTRIBUTION PROGRAM APPLICATION
University RD, Cloquet MN**

Phone: (218)878-7505, (218)878-7507, (218)878-8027 Fax: (218)878-8003

Email: Fooddistribution@fdlrez.com

Name		Date	
Address			
City, State, Zip			
Date of Birth		SSN#	
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widow		
Phone			

Are you a member of a federally recognized tribe? No Yes, Tribe _____

Service Area: (please mark one) Fond du lac Reservation Carlton Co. St. Louis Co.

Have you or anyone in your household applied for SNAP (food stamps) benefits?

No Yes, When: _____.

Delivery Service is available for elders (60+) and/or Disabled participants. Would you like this service? Yes No

Race	<input type="radio"/> AI/AN <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Other ()
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Please list all Household Members

Name	Relationship to Head of Household	Social Security Number	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Authorized Representative

An individual designated by a responsible member outside of your household to act on behalf of the household in making an application for USDA foods and/or obtaining USDA foods.

Name	Phone Number
1.	
2.	
3.	

Please list your households earned income

Please list all sources of earned income from employment wages

Household Member	Employer Name	Gross Amount (before deductions)	How often Paid

Is anyone Self-Employed? No Yes, please attach Schedule C from last year's income tax return.

Please list your households unearned income

Source	Household Member	Amount	How often Paid
Social Security			
SSI-Supplemental security income			
Child Support/Alimony			
Unemployment/Workers Comp			
TANF/General Asst			
Pension/Retirement/VA			
Per Capita			
Kinship/Foster Care			
Other			

Deductions

Attach documentation for the type and amount of deduction

Source	Household Member	Amount Paid	How often Paid
Shelter/Utility			
Child Care/ Child Support			
Medicare Part B & D Premiums			
Medical (Elder/Disabled			
Home Care Meal-Related Deduction			

FAIR HEARING

You or your representative may request in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any representative of your choice. If you need free legal representation, please contact the food distribution program supervisor listed on this form.

PENALTY WARNING

If you or your household receive USDA foods it must follow the following rules:

- DO NOT give false information or hide information to receive or continue to receive USDA foods. This includes misstatements of income and household size.
- DO NOT trade, sell, or use someone else’s USDA foods for you own household.
- DO NOT accept any USDA foods and SNAP (food stamps) simultaneously. Participate in both SNAP and USDA food distribution at the same time is prohibited.
- DO report any household changes including if your income increases by \$100.00 or more.

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

CERTIFICATION STATEMENT

I CERTIFY THAT I HAVE READ THIS APPLICATION AND 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 THE INFORMATION ON THIS FORM MAY BE GROUNDS FOR DISQUALIFICATION AND/OR CLAIM ACTION. I FURTHER UNDERSTAND THAT I MUST REPORT ANY CHANGES IN THE HOUSEHOLD SIZE OR INCOME/RESOURCES TO THE FOOD DISTRIBUTION PROGRAM WITHIN TEN (10) DAYS OF THE STATE THE CHANGE BECOMES KNOWN.

Applicant signature _____ Date _____

USDA NONDISCRIMINATION STATEMENT

SNAP and FDIIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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), religious creed, disability, age, political beliefs, 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 agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, 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:

1. mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.