

# POKAGON BAND OF POTAWATOMI FOOD DISTRIBUTION PROGRAM APPLICATION FORM

Email: commodities@pokagonband-nsn.gov (269) 782-3372 · 888-281-1111 ·  
Fax-269-782-7814



**Applicants Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Tribal ID #:** \_\_\_\_\_ **Tribal Affiliation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Have you or a household member applied for or received **SNAP (Food Stamps)** last month or this current month?  
Yes \_\_\_ No \_\_\_ If yes, list the county: \_\_\_\_\_

**Please list your household members** (including self), do not list roomers or boarders:

Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Include Social Security # of each household member. This will help us to identify your household correctly. The Social Security numbers may also be used in program reviews or audits, to make sure your household is eligible for food distribution. We are authorized to ask for this information under the Tax Reform Act of 1976.

**Please list your household members (over age 18) with earned income/income from work (if member has multiple jobs, list all), CETA or WIN. Do not list self-employed members. (Must attach most current 3 pay stubs)**

Household member	Employer	Gross Income (per check)	How often paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Is anyone in your household self-employed? Yes \_\_\_ No \_\_\_ If yes, please provide your Schedule C tax form (Feb. - May), monthly receipt of payment (June - Jan.)**

**Please list all household Unearned Income:**

Source Of Income:	Household Member	Gross Amount	How Often Paid
AFDC (Aid to families with dependent children)	_____	_____	_____
TANF/GA (General Assistance)	_____	_____	_____
Social Security (Blue/Green Checks)	_____	_____	_____
SSI (Supplemental Security Income (Gold Check)	_____	_____	_____
VA (Veterans Benefits)	_____	_____	_____
Pension or Retirement	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Child Support/Alimony	_____	_____	_____
Money from relatives or friends (Not Loans)	_____	_____	_____
Any Per Cap (from any tribe)	_____	_____	_____
Other (Any other source not listed)	_____	_____	_____

**Dependant Care Costs:**

Does someone in your household pay for a licensed child care provider or disabled adult care provider, so a household member can go to work, training or look for work? If yes provide the following:

Name of person/center providing care: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount Paid and How often (Daily, Weekly, Monthly): \_\_\_\_\_

**PROXY/Authorized Representative:** You can authorize someone outside of your household to pick-up, make decisions about orders, and contact on all matters concerning your USDA/Commodities.

Name	Relationship	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

**Please indicate your Racial Ethnic Heritage (Optional):** You are not required to provide this information; your cooperation will help determine compliance with Federal Civil Rights laws. In No Instance will this information be used in consideration of your application. IF you choose not to answer it will in no way effect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Right Act of 1964.

American Indian   
  Black-not of Hispanic Origin   
  Hispanic  
 Asian/Pacific Islander   
  White-not of Hispanic Origin

**Reporting Requirements:**

Certified households are required to report the following changes within 10 days of the date the change becomes known to the household:

- 1. Changes in income that would affect program eligibility.
- 2. All Changes in household composition, such as the addition or the loss of a household member.

**Initial:**\_\_\_\_\_

**Penalty Warning:**

If your household receives food commodities, you must follow the rules below:

- 1. Do Not give false information, or hide information to receive or continue to receive food commodities.
- 2. Do Not trade or sell food commodities.
- 3. Do Not use someone else's information for commodities for your household.

**Initial:**\_\_\_\_\_

**Please Read and Sign:**

\* I understand I cannot receive commodity foods and food stamps (SNAP) in the same month. To do so is ILLEGAL and can subject me to possible fraud charges by the Tribe, or Dept. of Social Services. I will take either commodity foods or food stamps BUT Not Both.

\* In the event you wish to switch from food commodities to food stamps you must notify us so we can deactivate your certification with our program.

\* If you are currently receiving food stamps and wish to receive food commodities from us, you must contact the Family Independence Agency from whom you are receiving food stamps to be deactivated.

\* Upon deactivation we will need written notice from the Dept. of Human Services before issuing food commodities to you.

You and your representative may request a fair hearing either orally or in writing, if you disagree with any action taken on your case. Any person you choose may present your case at a hearing.

We will consider this application without regard to Race, Color, Sex, Age, Handicap, Religion, National Origin or Political Belief.

I understand the questions and statements on this application. My answers are correct and complete to the best of my knowledge.

I understand that I may have to provide documentation to prove what I have stated. I agree to do this. If documentation is not available, I agree to give the office the name of a person or organization to contact to obtain the necessary proof.

**Signature:**\_\_\_\_\_ **Today's Date:**\_\_\_\_\_

**Witness (if you sign with an x):**\_\_\_\_\_

**For Office Use Only:**

**Date Application Received:**\_\_\_\_\_ **Certification Worker:**\_\_\_\_\_

**New Application:**\_\_\_\_\_ **Re-Certification Application or Change in circumstance:**\_\_\_\_\_

**Income Verified:**\_\_\_\_\_

**Deductions Verified:**\_\_\_\_\_

**Tribal Member/Service Area:**\_\_\_\_\_

**SNAP (Food Stamps) Verification:**\_\_\_\_\_

*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 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](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 Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at [program.intake@usda.gov](mailto: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](http://www.fns.usda.gov/snap/contact_info/hotlines.htm)*

*USDA is an equal opportunity provider and employer.*

**YOU ARE RESPONSIBLE TO INFORM THE FOOD DISTRIBUTION PROGRAM IF YOU SHOULD DECIDE TO CHOOSE SNAP FOR AN UPCOMING MONTH, INSTEAD OF COMMODITIES, AT LEAST (10) DAYS IN ADVANCE OF SAID MONTH.**