

LTBB FOOD DISTRIBUTION PROGRAM

DOCUMENTATION REQUIRED FOR STANDARD DISTRIBUTION

1. A **completed application** which lists all household members, their date of birth, social security numbers and a signature of the applicant.
2. Copies of **tribal citizenship cards**
3. **Income Verification** for the past 30 calendar days for all adults 18 years or older. Income includes but is not limited to:
 - a. Wages: at a minimum, at least two check stubs for all adults receiving wages. Self-employed individuals must submit previous years' income tax form with either a Schedule C or F. This copy must be signed and dated. Persons paid in cash must provide a signed statement from their employer.
 - b. Social Security and Supplemental Social Security benefits. A copy of a check or an award letter from the Social Security Administration can be provided as documentation.
 - c. Pensions
 - d. Public or General Assistance
 - e. Child support payments received. A court order for payments must accompany the application
 - f. If there is zero income in the household for anyone over 18, a zero income form must be completed.
4. **Proof of Residency**: Documentation must be provided that includes current name and address and matches the address on the application
5. **Child Care Expenses and/or Child Support Deductions**: To claim the allowable child care expenses, a receipt from the child care provider must be submitted. To claim the allowable child support deductions, a copy of the court order must be provided.
6. **Shelter/Utility Expense Deduction**: A \$400.00 deduction will be applied to eligibility determinations when it can be shown that there is a monthly shelter/utility expense in any amount being paid by the household.
7. **Medical Expense Deduction**: If there are elderly (60+) or disabled household members, a deduction in the amount of the medical expense is available for medical expenses over \$35.00 incurred monthly by a household.
8. **Food Stamp Participation**: If anyone in the household is receiving food stamp assistance from their county, the household cannot also participate in the LTBB Food Distribution program. This will be checked with the county when an application is received.

PLEASE NOTE: Failure to adhere to the policies set forth by the USDA Food and Nutrition Service could result in termination of this service to the Little Traverse Bay Bands of Odawa Indians. Documentation must be in place before the distribution of commodities. The complete certification process can take up to one week.



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

FOOD DISTRIBUTION PROGRAM APPLICATION

7500 Odawa Circle, Harbor Springs, MI, 49740

P-(231) 242-1620 F-(231) 242-1635

NAME: _____ STREET: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TOWNSHIP: _____ PHONE NUMBER: _____

E-Mail Address (optional): _____

Are you a Tribal Citizen or do you live in the area served? YES / NO TRIBAL AFFILIATION: _____

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 yourself)

	<u>NAME</u>	<u>RELATION TO APPLICANT</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Please include the social security numbers of each family 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 all household earned income from employment wages

<u>Household Member</u>	<u>Employer Name</u>	<u>Gross Amount (Before Deductions)</u>	<u>How often paid</u>

Please list all your household unearned income

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Social Security			
SSI -Supplemental Security Income			
Child Support / Alimony			
Unemployment / Worker's Comp			
TANF / General Assistance			
Pension / Retirement / VA Benefit			
Per Capita Payments			
Kinship Care / Foster Care			
Other:			

Please list all household deductions

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Child Care / Child Support			
Medicare Part B/D premiums			
Other Medical			
Shelter/Utility			

Is anyone in your household self-employed? YES / NO If yes, please provide your Schedule C tax form

Authorized Representative You can authorize someone outside of your household to pick up your USDA foods

<u>NAME</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

PENALTY WARNING

If your household receives USDA foods it must follow the following rules:

- **DO NOT** give false information or hide information to get or to continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trade, sell or use someone else’s USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (Food Stamps) simultaneously. Participation 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

Fair Hearings

You or your representative may request a fair hearing 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 are in need of free legal representation, please contact the food distribution program director listed on the front page.

I understand the questions and statements on this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office representative a name or organization to contact and obtain the necessary proof.

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 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 email at 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

USDA is an equal opportunity provider and employer.

Applicant Signature: _____ **Date:** _____

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
USDA FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS
ZERO INCOME FORM

Applications may be denied or delayed if this form is not **completed** and **signed** by
all household members that are 18+ years old and have no income.

Income is defined, but not limited to the following:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Sale of products or services
- Rental income from a real estate or personal property
- Interest or dividends from assets
- Sales from any self-employment resource
- Social Security income, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Periodic payments such as alimony, child support, or monetary gifts received from persons not living in the household

1) Reason for Zero Income/not working:

2) How do you pay for your basic needs (shelter, clothing, utilities, personal items, etc.)?

I state that I am not currently working or have any source of income listed above. There is no imminent change expected in my financial or employment status in the next 30 days. Should I become employed or receive any type of income, I agree to notify the LTBB Food Distribution Program within 10 days of my employment or receipt of income of \$100 or more per month. I understand to not report this information is considered fraud and I am aware of the consequences of legal action.

Signature of Household member

Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Little Traverse Bay Bands of Odawa Indians Food Distribution Program

7500 Odawa Circle-Harbor Springs, MI 49740

Telephone: (231)242-1626,

Fax: (231)242-1635

CHANGE OF INFORMATION

HEAD OF HOUSEHOLD: _____

Section I. Personal Information

Name Change

Address Change

Telephone

Name: _____

New Address: _____

Home Telephone: _____ Work Telephone: _____

Section II. Household Members

Addition

Deletion

Change of Household Information

Add	Del	Name	Birth date	Social Security #
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Section III. Household Income Information

Change of Household Income

	Name	Change	Monthly Gross
1	_____	<input type="checkbox"/> Loss of Wages <input type="checkbox"/> New Source <input type="checkbox"/> New Job	_____
2	_____	<input type="checkbox"/> Loss of Wages <input type="checkbox"/> New Source <input type="checkbox"/> New Job	_____
3	_____	<input type="checkbox"/> Loss of Wages <input type="checkbox"/> New Source <input type="checkbox"/> New Job	_____

Section IV. Authorized Representative

Designate new Representative to pick up food order

Representative's Name: _____

Address: _____

Relationship: _____ Telephone: _____

Section V. Resources

Name	New Resource to Report	Amount
_____	_____	_____
_____	_____	_____

Participant Signature

Date