



RED LAKE FOOD DISTRIBUTION PROGRAM



Office #: 218-679-3720

15860 Ogema Ave.
P. O. Box 253
Redby, MN, 56670

Fax #: 218-679-2185

TO: **ALL APPLICANTS**

When applying for services through Red Lake Food Distribution Program you must Provide the following information.

1. **Proof of all Income.**
2. Statement from Human Services that you are NOT receiving Food Stamps, this will be checked by Food Distribution Staff upon receipt of your completed application.
3. **Provide a valid I.D. and Proof of Residence.**
4. **Provide Documents/Proof of one or more of the following:**
 - Dependent Care
 - Child Support Paid Out
 - Medicare Part B/D
 - Medical Expense (out of pocket expense)
 - Shelter/Utility

YOUR NOTICE OF DECISION MAY TAKE UP TO TWO (2) BUSINESS DAYS FOR PROCESSING YOUR APPLICATION. IF YOU DO NOT HAVE ALL OF THE INFORMATION NEEDED.

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NAME: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ COUNTY: _____

TELEPHONE: _____

DISTRICT: Red Lake Redby Ponemah Little Rock

A YOU MAY BE ELIGIBLE TO RECEIVE FOOD RIGHT AWAY IF YOU ARE IN NEED OF EMERGENCY ASSISTANCE. Fill out the form on this page and hand into Certification Worker and inform worker you are requesting expedited services.

Are you a registered Tribal Member? YES / NO If yes which Band: _____

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 HoH</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Please list all your household EARNED INCOME/Income from Work.

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

Please list all your household UNEARNED INCOME. Place zeros if you do not receive.

<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. Place zeros if you do not pay.

<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.

PROXY/Authorized Representative You can authorize someone outside your household to pick-up your USDA foods for you.

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

PENALTY WARNING

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

- **DO NOT** give false information, or hide information to get or 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 & FDPIR at the same time is prohibited.

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.

Signature: _____

Date: _____

USDA Nondiscrimination Statement

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.

For Office Use Only

Date Application Received: _____

Certification Worker: _____

_____ New Application

_____ Re-Certification Application

_____ Change in circumstance

Income Verified: YES / NO

Tribal Member/Service Area: YES / NO

SNAP (Food Stamps) Verification: YES / NO

Worker Initials:

Date Verified:

NOTES: