



Chilkoot Indian
Association



Chilkoot Indian Association

Food Distribution Program

PO Box # 490

City, Alaska 99559

PHONE (907) 766-2323 FAX: (907) 766-2365

HEAD OF HOUSEHOLD SOCIAL SECURITY
NUMBER: _____

HAVE YOU EVER APPLIED FOR OR RECEIVED
FOOD STAMPS? IF YES, WHEN? _____

NUMBER OF HOUSEHOLD MEMBERS: _____

APPLICATION FOR FOOD DISTRIBUTION

ANSWER THE FOLLOWING QUESTIONS HONESTLY AND COMPLETELY. IF YOU KNOW BUT REFUSE TO ANSWER OR GIVE NEEDED INFORMATION, YOUR HOUSEHOLD (YOU AND THE PEOPLE WHO LIVE AND EAT WITH YOU) WILL NOT BE ELIGIBLE FOR FOOD DISTRIBUTION BENEFITS.

YOU MAY COMPLETE THIS FORM AT HOME AND MAIL IT TO THIS OFFICE. ANOTHER MEMBER OF YOUR HOUSEHOLD, OR AN ADULT WHO KNOWS YOU, MAY COMPLETE IT AND RETURN IT TO US.

IMPORTANT: WHEN YOU ARE INTERVIEWED, PLEASE BRING PROOF OF ALL HOUSEHOLD INCOME. FOR EXAMPLE: PAY STUBS, A COPY OF ALL CHECKS OR A COPY OF AWARD LETTERS, STATEMENTS FOR ALL HOUSEHOLD SAVINGS/CHECKING ACCOUNTS, AND DEPENDENT CARE COSTS IF APPLICABLE.

HAVING THESE ITEMS WITH YOU COULD SPEED UP YOUR APPLICATION APPROVAL.

HEAD OF HOUSEHOLD: _____

MAILING ADDRESS:

STREET OR	CITY	AK	
P.O. BOX #		STATE:	ZIP

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: _____

HOUSEHOLD LOCATION: _____

YOUR RACIAL-ETHNIC HERITAGE:

ALTHOUGH, YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION, YOUR COOPERATION WILL HELP DETERMINE COMPLIANCE WITH THE FEDERAL CIVIL RIGHTS LAW. IN NO INSTANCE WILL THIS INFORMATION BE USED IN CONSIDERING YOUR ELIGIBILITY FOR ASSISTANCE. IF YOU DECLINE TO PROVIDE THIS INFORMATION IT WILL IN NO WAY AFFECT CONSIDERATION OF YOUR APPLICATION. WE ARE AUTHORIZED TO ASK FOR THIS INFORMATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.

BLACK/AFRICAN AMERICAN: _____

HISPANIC or LATINO: _____

ASIAN OR PACIFIC ISLANDER: _____

AMERICAN INDIAN OR ALASKAN NATIVE: _____

WHITE - NOT OF HISPANIC ORIGIN: _____

FOR OFFICE USE ONLY:

CASE NUMBER: _____

DATE RECEIVED: _____

Chilkoot Indian Association

ARE YOU OR ANYONE IN YOUR HOUSEHOLD ENROLLED WITH THE BUREAU OF INDIAN AFFAIRS (BIA) OR A REGIONAL CORPORATION OF THE ALASKA NATIVE CLAIMS SETTLEMENT ACT (ANCSA); OR, A DESCENDANT OF SOMEONE WHO WAS?

_____ ANCSA CORPORATION NAME: _____
(YES OR NO)

BIA or ANCSA ENROLLMENT NUMBER: _____

DO YOU RESIDE WITHIN THE VILLAGE BOUNDARY? _____ COPY UTILITY/PHONE BILL: _____
(YES OR NO) (YES OR NO)

FILL IN ALL BLANKS FOR EACH HOUSEHOLD MEMBER; INCLUDING YOURSELF. PEOPLE WHO LIVE AND EAT WITH YOU SHOULD BE LISTED AS HOUSEHOLD MEMBERS. (Do not list roomers and borders)

ALTHOUGH YOU ARE NOT REQUIRED TO DO SO, WE WOULD LIKE YOU TO INCLUDE THE SOCIAL SECURITY NUMBER OF EACH MEMBER OF YOUR HOUSE-HOLD WHO HAS ONE. THIS WILL HELP US TO IDENTIFY YOUR HOUSEHOLD CORRECTLY. THESE SOCIAL SECURITY NUMBERS MAY ALSO BE USED IN PROGRAM REVIEWS OR AUDITS TO MAKE SURE YOUR HOUSEHOLD IS ELIGIBLE FOR FOOD DISTRIBUTION BENEFITS. WE ARE AUTHORIZED TO ASK FOR THIS INFORMATION UNDER THE TAX REFORM ACT OF 1976.

	<u>NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY #</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____	SELF
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

{TRIBAL AGENCY NAME} OFFICIAL USE ONLY

HOUSEHOLD LOCATED ON OR NEAR VILLAGE BOUNDARY? _____ YES OR NO

HOW WAS LOCATION VERIFIED? _____

FOR ANTHC FDPiR OFFICE USE ONLY

EIS CHECKED FOR THIS APPLICANT'S FOOD STAMP STATUS? _____ YES OR NO

WHO CHECKED (INITIAL): _____ DATE: _____

SOA Case #'s: _____ Case # 2: _____

RESOURCES

LIST ALL HOUSEHOLD RESOURCES. RESOURCES INCLUDE CASH ON HAND, CHECKING AND SAVINGS ACCOUNTS, STOCKS, BONDS AND OTHER NEGOTIABLES.

CASH ON HAND: \$ _____ -
 SAVINGS ACCOUNT: \$ _____ -
 CHECKING ACCOUNT: \$ _____ -
 STOCKS, BONDS, ETC: \$ _____ -
 ANCSA DIVIDENDS: \$ _____ - Date Recv'd _____
 AK PERMANENT FUND: \$ _____ - Date Recv'd _____

COMMENTS ON YOUR HOUSEHOLD OR RESOURCES: _____

INCOME

1. EARNED INCOME SELF EMPLOYED - Is anyone in your household self-employed? _____
 (yes or no)

If yes, please complete the Self-Employment Income sheet. Please bring in last year's Federal W-2 Tax Forms for all self-employed members of your household. If no such tax forms were filed last year, bring proof of all self-employment income and expenses.

Total **gross** self-employment income: _____
 Total monthly business expenses: _____

2. WAGES AND SALARIES: Is anyone in your household employed?

Fill in all blanks for each member with a full or part-time job. If a member has more than one job, list each job separately. Include members who receive income from CETA or WIN. Do not include self-employed household members. Please indicate whether the job is 1. Full Time Permanent-FTP., 2. Full Time Temporary-FTT., 3. Part Time Permanent-PTP., 4. Part Time Temporary-PTT. If it's a Temporary Job, when will the job end? Date: _____

HOUSEHOLD MEMBER	EMPLOYER	WEEKLY WAGES	HOW OFTEN PAID		MONTHLY WAGES	FTP FTT PTP PTT
			Bi-Weekly WAGES	Twice/month WAGES		
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	

TOTALS: \$ _____ - \$ _____ - \$ _____ - \$ _____ -

3. EDUCATIONAL GRANTS, SCHOLARSHIPS

Gross monthly income from educational grants, scholarships: \$ _____ -
 Enter monthly tuition and mandatory fees: \$ _____ -

RULES OF UNDERSTANDING: If OUR household received commodity food assistance, as head of household I understand and agree to the following rules listed below:

- 1) To report any changes to my household size, income and/or resources within 10 days Ir Initial: _____
- 2) To NOT trade or sell FDPIR foods Initial: _____
- 3) To NOT give any false information to get or continue getting commodity foods Initial: _____
- 4) To NOT receive Food Stamps or FDPIR benefits during the same time period Initial: _____

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or a household member knowingly and willingly violates the rules above, it is considered an Intentional Program Violation (IPV). Household members who have been found guilty of committing an IPV will be ineligible to participate in both the Food Distribution Program and Food Stamps for a period of 12 months for the first violation, 24 months for the second violation and permanently for the third violation. Individual(s) who have committed an IPV may be referred to authorities for prosecution.

FAIR HEARING: If you disagree with any action taken on your case, you and your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a member of your household or representative, such as a legal counsel, a relative, a friend or other spokesperson.

"In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider.

AUTHORIZATION: I authorize the release of any necessary information or forms to ANTHC's Food Distribution Office and Chikot Indian Association, from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to verify my eligibility for the Food Distribution Program. I understand that this information will be kept confidential and used only for the purpose of helping to document my eligibility for the Food Distribution Program. 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 I must comply with 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 any changes in the household size, income and/or resources to the Food Distribution Program Office within 10 days of the date the change becomes known.

Applicant's Signature: _____ Date: _____

FDPIR Signature: _____ Date: _____

AUTHORIZED REPRESENTATIVE: You may authorize someone outside your household to pick up your food package. Please list them below:

Name: _____ Address: _____ Telephone # _____

Name: _____ Address: _____ Telephone # _____