

Wichita and Affiliated Tribes
Food Distribution Program on Indian Reservations
Post Office Box 729 • Anadarko, Oklahoma 73005
Telephone: 405/247-9677 • Fax: 405/247-9262

IMPORTANT: When you are interviewed please bring proof of all household income—for example, bring any pay stubs and award letters for government benefits (such as SSI or Social Security) and proof of residence such as a utility bill, all dated within the last 30 days. We also need statements on all household savings and checking accounts and dependent care cost, copies of C.D.I.B. and Social Security cards and information on all school tuition, grants, loans, etc.

Name: _____ Telephone: _____ Message # _____

Mailing Address: _____ Zip: _____ County: _____

Finding Directions: _____

Household members please include the Social Security number of each member of your household who has one. This will help us 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 the Food Distribution Program.

Name (First, Middle, Last)	Relation to Head of Household	Age	Birthdate	Social Security Numbers of H/H Members
1.	Applicant - HH			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INCOME FROM WORK: Fill in all blanks for each member with a full or part time job. If a member has more than one job, list each separately.

Household Members Name	Name of Employer	Gross Income	How Often

SELF-EMPLOYMENT INCOME: Is anyone in your household self-employed? Yes No Name/Type of Business: _____

STUDENTS: Is anyone in your household receiving Education Grants or Loans? Yes No Name: _____
 _____ Type of Grant or Loan: _____ Amount: \$ _____ Length of Funding: _____

RESOURCES: Cash on Hand \$ _____ Savings Account \$ _____ Checking Account \$ _____
 Savings Certificates \$ _____ Stocks or Bonds \$ _____ Other \$ _____ **TOTAL \$** _____

DEPENDENT CARE: Does anyone in your household pay for someone to babysit or care for a child or a disabled adult, so that a member can work or go to school or training? Yes No Name of provider: _____ Amount Paid: \$ _____

CHILD SUPPORT: Does anyone in your household pay court ordered child support for a non-household member? Yes No
 If yes, complete the following: Amount ordered to pay: \$ _____ Amount actually paid: \$ _____

MEDICARE: Does anyone in your household pay Medicare Part B Medical Insurance and/or Part D Prescription Drug Coverage? Yes No
 If yes, complete the following: Name: _____ Amount Paid Part B: \$ _____ Amount Paid Part D: \$ _____

Have you or any household members applied for food stamps, or receiving food stamps? Yes No
 If yes, County: _____ In which months did you receive service: _____
 Month Year

OFFICE USE ONLY

New: _____ Re-Certification: _____ Date Application Received: _____ FSP Verification: _____

Name: _____ Tribe: _____

CHECK ALL THAT APPLIES TO YOUR HOUSEHOLD

Type of Income	Yes	No	Name of person who receives	Amount Received
TANF (Temporary Assistance for Needy Families)				
SSI (Supplemental Security Income)				
GA (General Assistance) or A/D (Aid to Disabled)				
Social Security Income				
Veterans Benefits				
Pensions or Retirement Income				
Unemployment or Workers Compensation				
Child Support or Alimony				
Money from Friends or Relatives (other than loan)				
Oil & Gas Royalties or Other				
Tribal Per Capita (monthly or yearly)				

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

Name: _____ Address: _____ Telephone: _____
 Name: _____ Address: _____ Telephone: _____

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. Are you Hispanic or Latino? Choose one of the following: Yes *or* No
2. What is your race? Choose any of the following that apply: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

FAIR HEARING: If you disagree with any action taken on your case, you or 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 household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNING: If your household receives commodity food, it must follow the rules listed below:

- √ Do not give false information or hide information in order to get or continue to get commodity food.
- √ Do not trade or sell commodity food.
- √ Do not use someone else's commodity food for your household.
- √ Do not participate simultaneously in the Food Stamp Program and Food Distribution Program.

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

AUTHORIZATION: I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. 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 that 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 household size, income and/or resources to the Food Distribution Office within ten days of the date the change becomes known.

Applicant's Signature _____ Date _____

Caseworker's Signature _____ Date _____

