

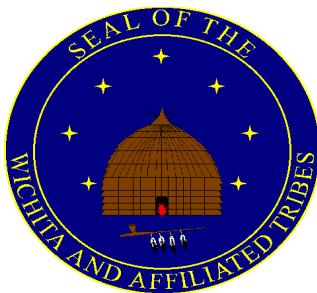
# Wichita and Affiliated Tribes

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*Committee Member*

## **Food Distribution Program**

P.O. Box 729 ~ Anadarko, OK 73005

Telephone (405) 247-9677 or (405) 247-2425

Fax (405) 247-9262

[www.wichitatribe.com](http://www.wichitatribe.com)

**In order for us to process your application in a timely manner, please include the following.**

- 1. Sign and date application**
- 2. Provide Verification of Tribal Enrollment**, such as a Certified Degree of Indian Blood (CDIB) and/or Tribal Enrollment card.
- 3. Provide Social Security Cards** for all household members.
- 4. Provide wage and earning statements** such as most recent check stubs, 2-3 if paid bi-weekly. If paid weekly, provide your last (4) check stubs. If paid in cash, provide statement including your employer's name, address and telephone number on company letterhead. All income verification must be recent.
- 5. Provide income verification from all other sources** such as recent award letter for Social Security, SSI, VA, etc. If you receive Oil & Gas Royalties, provide a 6-month ledger from the Bureau of Indian Affairs (BIA).
- 6. Proof of residence** such as (2) utility bills with address. If utility bills are not in your name, you must provide written verification from the person whose name appears on the utility bills. Statement from renter will also be accepted, must include the name, address, and telephone number for verification.
- 7. (2) statements of verified unemployment** are needed if you are 18 years or older and not working. Please provide from persons living outside of the household. **NO RELATIVES PLEASE.** Include names, addresses and telephone numbers of persons verifying statements. Statement form is attached to application.

After completion of your application, please return it to the address below.

**Wichita and Affiliated Tribes Food Distribution Program**  
**Post Office Box 729, Anadarko, Oklahoma 73005**  
**(405) 247-9677**

**If you submit the needed information within ten (10) working days, you will not need to re-apply. If you do not agree with our determination, you may request a Fair Hearing. At the hearing, you will have the opportunity to explain why you disagree with the decision. To request a Fair Hearing, you may call our office at 405/247-9677 or fill out a Fair Hearing Request form, which may be obtained at our office.**

**The Food Distribution Program will verify all household members with the Department of Human Services to see if anyone in the household has applied or is currently receiving Food Stamps. Households may not participate in both programs at the same time.**