

Wichita and Affiliated Tribes Food Distribution Program

Post Office Box 729

Anadarko, Oklahoma 73005

Phone: 405-247-9677 / Fax 405-247-9262

www.wichitatribe.com

FDPIR APPLICANT: In order for us to process your application in a timely manner, please make sure all the following items are completed and/or included:

1. **Sign and date application.** (application will be done with the certifier)
2. **Provide Verification of Tribal Enrollment** for at least one household member and **Social Security Cards** for all household members.
3. **Provide Earned Income Verification:** Provide (2) paystubs if paid bi-weekly, or provide (4) paystubs if paid weekly. All income verification must be within last 30 days.
4. **Provide Unearned Income Verification:** Award letter for Social Security, SSI, VA, TANF, Retirement, and Unemployment; 12-month ledger for royalties from the Bureau of Indian Affairs; Verification of Child Support received; monthly Tribal Per Capita payments received.
5. **Proof of Residence:** Such as a utility bill showing name and address. If bills are not in your name, you must provide written verification from the person whose name appears on the utility bills. If utilities are not in household member's name, provide proof that household member pays bill to claim shelter/utility deduction.
6. **Proof of Deductions:** Such as verification showing Child or Adult Care Expenses, documentation of legally required Child Support Payments, Shelter/Utility Expenses, and Excess Medical Expenses.
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 number of persons verifying statements. Statement form is attached to application.

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

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(405) 247-9677

Unless you qualify for expedited services, our program must receive all the above information and make a decision within seven (7) working days. Otherwise we may have to deny your application.

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 SNAP food benefits. Households may not participate in both programs at the same time.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, this institution is prohibited from discrimination on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. 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 responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/ad-3027.pdf) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary from Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** program.intake@usda.gov.

This institution is an equal opportunity provider.