

# YUROK FOOD DISTRIBUTION PROGRAM



## APPLICATION FOR FOOD DISTRIBUTION BENEFITS

P.O. BOX 1087  
CRESCENT CITY, CA 95531  
PHONE (707) 464-1852  
FAX (707) 464-5492

Answer the following questions honestly and completely. If you know but refuse on purpose to give any needed information, your household (you and the people who live and eat with you) will not be eligible for food distribution.

You may complete this form at home and bring back to the office. You may also mail or fax in your application.

**IMPORTANT:** When you are interviewed, please bring proof of all household income for the entire month.

For example: pay stubs and award letters for government benefits (such as Social Security, VA or SSI).

### APPLICATION CHECK LIST

#### NEW CLIENTS:

- Verification of Income for ALL household members
- Utility Bill or Rent receipt for verification of Residence
- Tribal Verification
- Photo Identification for ALL ADULT household members
- Social Security numbers for ALL household members
- Verification of any dependent/child care costs.

#### RECERTIFICATIONS:

- Verification of ALL household income
- Current Utility Bill or Rent Receipt
- Verification of any Dependent/Child Care costs

**TO ADD TO HOUSEHOLD:** Applications must be received one month prior to receive benefits. For example: If the application is received in March, then the new household member(s) will be added to your household in April.

- Verification of Income for new member(s) (if receiving)
- Photo Identification if new member is an adult
- Social Security Number for all new members of household.

Having these items with you at time application is turned in will help to expedite the application process.

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**Instructions:** Complete the following information. If you **refuse to cooperate or provide verification**, your application will be denied. You must provide proof/verification of all income and allowable deductions.

Name (Head of Household): \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Household Size: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Directions to Your Home: \_\_\_\_\_

**HOUSEHOLD MEMBERS:** Complete the following for each member of your household. Your household means yourself and the people who live/eat with you. Do not include boarders. List your name first. (Attach a separate sheet if you need to list additional household members.)

Name(s) of all Household Members (Last, First, Middle Initial) Please Print	Relationship to Head of Household	Date of Birth	Social Security Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Are you or anyone in your household currently receiving SNAP (Food Stamps) benefits?**

Yes No If yes, list names: \_\_\_\_\_

**Have you or anyone in your household recently applied for SNAP (Food Stamp) benefits?**

Yes No If yes, list names: \_\_\_\_\_

**Have you or anyone in your Household been disqualified from SNAP for an Intentional program violation?**

Yes No If yes, list names: \_\_\_\_\_

**OFFICE USE ONLY:**

Called county office of \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ and spoke to \_\_\_\_\_

SNAP/SSI Verified by: \_\_\_\_\_

**INCOME:** List income from all sources for each Household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments from gambling enterprises, work/training allowances, ect. Verification of income is required for all household members (Pay check stubs, award letters, bank statements, ECT.) Households are required to provide a full month's income. Attach a separate sheet if you need to list additional household members.

<b>HOUSEHOLD MEMBER</b>	<b>EMPLOYER/ SOURCE OF INCOME</b>	<b>TYPE OF INCOME</b> (Wages, social security, TANF, child support, ect)	<b>GROSS AMOUNT</b>	<b>HOW OFTEN PAID</b> Monthly, bi-weekly, weekly

**SELF-EMPLOYMENT INCOME:** Are there any members in your household who are self-employed?  
 YES NO If yes, complete the following section.  
 Payments from rental property, roomers, boarders, farming, ranching, and/or operating your own business are considered to be self employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses).

<b>HOUSEHOLD MEMBER</b>	<b>TYPE OF BUSINESS</b> (Farm, ranch, Rental, Day Care, ECT.)	<b>OCCUPATION</b>	<b>Is this your primary source of Income for meeting your living expenses?</b>

**STUDENTS:** Are there any students in your Household who receive education grants, scholarships or loans?  
 YES NO  
 If Yes, please complete the following section. Please provide verification.

<b>HOUSEHOLD MEMBER</b>	<b>AMOUNT OF LOAN/GRANT</b>	<b>PERIOD OF TIME FUNDS INTENDED TO COVER</b>	<b>TYPE OF PAYMENT</b> (Pell Grant, Student Loan, BIA)	<b>Amount used to pay Tuition/School Fees/Other related expenses.</b>

**ALLOWABLE DEDUCTION (Please provide verification):**

**STANDARD SHELTER/UTILITY EXPENSE:** Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense?

**Yes No** If yes, type of Shelter/Utility expense paid monthly: \_\_\_\_\_

**DEPENDENT CARE:** Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment or to attend training or pursue education which is preparatory to employment?

**Yes No** If yes: Name and address of person providing care: \_\_\_\_\_

Amount Paid: \_\_\_\_\_. How often paid (weekly, monthly, ECT): \_\_\_\_\_

**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:\$\_\_\_\_\_ How often:\_\_\_\_\_

**EXCESS MEDICAL EXPENSES:** Anyone in your household elderly and/or disabled?

**Yes No** If yes, complete the following:

Monthly total of medical expenses: \_\_\_\_\_. Do not include expenses from special diets.

<b>AUTHORIZED REPRESENTATIVE:</b> To authorize someone outside of your household to act on your behalf and/or pick up your food, complete this section.		
<b>NAME(S)</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>

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

- 1. What is your ethnic category?** Hispanic or Latino or Not Hispanic or Latino
- 2. What is your race?** American Indian or Alaskan Native Asian White  
Black/African American Native Hawaiian or Pacific Islander

**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 presents by a household member or representative, such as legal counsel, a relative, a friend or other spokesperson.

**PENALTY WARNING:** If your household receives USDA food benefits, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and/or disqualification from participation in the Food Distribution Program.

- 1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, household size, and/or participation in the supplemental Nutrition Assistance Program (SNAP) in order to obtain Food Distribution benefits which your household is not entitled to receive.**
- 2. Do not misuse (trade, sell, ECT.) USDA foods**
- 3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the 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 TO RELEASE INFORMATION:** All adult household members must sign. 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 revoke by me in writing.

Printed Name	Date of Birth	Signature	Date Signed

**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 within **10 calendar days** after the change becomes known the following changes: a change in household size or composition; an increase in monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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U.S. Department of Agriculture,  
 Director,  
 Office of Adjudication,  
 1400 Independence Ave. SW  
 Washington DC 20250-9410

Or by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers. You can find the listing by state by going online to [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm)

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