

**ONEIDA TRIBE OF INDIANS OF WISCONSIN**

**FOOD DISTRIBUTION PROGRAM**

**P.O. BOX 365**

**ONEIDA, WI 54155**

**Phone: 920-869-1041 Fax: 920-869-1668**

**To be certified for the USDA food package you must bring the following when you apply:**

1. An application filled out with information requested.
2. Proof of income (Copy of checks, printout from employer, award letters, etc.)
  - A. Last 6 check stubs if paid weekly or
  - B. Last 3 check stubs if paid bi-weekly or
  - C. Most current check stub if paid monthly or
  - D. Proof of any other income whether earned or unearned, paid by cash or check.
3. Proof of residence, (Any legal document showing your current address such as rent receipts, drivers license, utility bills etc.) for all household members 18 years of age or over.
4. All Social Security numbers and birth dates **MUST** be on your application each time you apply.
5. Proof of enrollment if you live outside the reservation boundaries.
6. Proof of utility/shelter expense.

**If your situation warrants, we may request the following:**

1. Proof of custody of minor children in your care.
2. Proof of dependent care costs.
3. Proof of court ordered child support and proof of payment.
4. Proof of termination from food stamps if you have been on food stamps in the past.
5. Proof of Utility/Shelter expense.

**Once certified, you must report within 10 days any changes in:**

- A. Household Size;
- B. Income;
- C. Residence;
- D. Change in utility/shelter expense.

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin or political belief.

**APPLICATION**

**Oneida Food Distribution Program**

N7360 Water Circle Place

Oneida, WI 54155

Phone: (920) 869-1041

Fax: (920) 869-1668

**For Office Use Only**

**HH SIZE:** \_\_\_\_\_

**ETHNIC CODE:** \_\_\_\_\_

**CERT. DATE:** \_\_\_\_\_

**TERM DATE:** \_\_\_\_\_

**SOCIAL SECURITY:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Address verified by** \_\_\_\_\_

**Are you a registered Tribal Member or live in the area served?** YES / NO

**Have you or a household member applied for or received SNAP (Food Stamps) last month or this current month?**

YES / NO If yes, list the county: \_\_\_\_\_

**Please list all OTHER members of household.**

<u>NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Please list all your household EARNED INCOME/Income from Work.**

<u>Employer's Name</u>	<u>Household Member</u>	<u>Gross Amount (Before Deductions)</u>	<u>How often paid</u>

**NOTES FOR OFFICE USE:**

Empty box for notes.

**Please list all your household UNEARNED INCOME.** Place zeros if you do not receive.

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Social Security			
SSI -Supplemental Security Income			
SSI-Federal Supplement			
SSI-State Supplement			
Child Support / Alimony			
Unemployment / Worker's Comp			
TANF / General Assistance			
Pension / Retirement / VA Benefit			
Per Capita Payments			
Kinship Care / Foster Care			
Other:			

**Please list all household DEDUCTIONS.** Place zeros if you do not pay.

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Child Care / Child Support			
Medicare Part B/D premiums			
Other Medical			
Shelter/Utility			

**Is anyone in your household self-employed?** YES / NO      If yes, please provide your Schedule C tax form.

**PROXY/Authorized Representative** You can authorize someone outside your household to pick-up your USDA foods for you.

<u>NAME</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

**PENALTY WARNING**

If your household receives USDA foods it must follow the rules below:

- **DO NOT** give false information, or hide information to get or continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trade, sell, or use someone else's USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (Food Stamps) simultaneously. Participation in both SNAP & FDPIR at the same time is prohibited.

**REPORTING REQUIREMENTS:**

Certified households are required to report the following changes within ten days of the date the change becomes known to the head of household:

1. Changes in household composition.
2. An increase in gross monthly income of more than \$100.
3. When the household no longer incurs a shelter or utility expense.
4. A change in legal obligation to pay child support.

**Fair Hearings**

You or your representative may request a fair hearing in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any representative of your choice.

I understand the questions and statements on this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office representative a name or organization to contact and obtain the necessary proof.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 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).*

*USDA is an equal opportunity provider and employer.*

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**For Office Use Only**

Date Application Received: \_\_\_\_\_

Certification

Worker: \_\_\_\_\_

\_\_\_\_\_ New Application

\_\_\_\_\_ Re-Certification Application

\_\_\_\_\_ Change in circumstance

Income Verified: YES / NO

Tribal Member/Service Area: YES / NO

SNAP (Food Stamps) Verification: YES / NO

Worker Initials:

Date Verified:

NOTES: