

**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:**

**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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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: