**Monday – Friday 8:00 a.m – 4:30 p.m.**

YOU MUST PROVIDE THE FOLLOWING VERIFICATION WITH APPLICATION

* Oneida Nation Enrollment – at least one enrolled member in household
* Proof of Residency in Brown or Outagamie County dated within last 30 days
(Information only – will not disqualify for pantry)
* Proof of all household income for the last 30 days (earned or unearned)
(Information only – will not disqualify for pantry)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOC SEC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Maiden Name or any other name you may be listed as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Do you currently receive Foodshare (food stamps)? 🞏 Yes 🞏 No
If yes, day of month you receive is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Do you currently receive Commodities? 🞏 Yes 🞏 No If yes, what day: \_\_\_\_\_\_\_\_\_\_
Do you reside with Reservation boundaries? 🞏 Yes 🞏 No
Marital Status: 🞏 Single/Never Married 🞏 Married/Living Together
🞏 Married/Separated 🞏 Widowed 🞏 Divorced

**List type of EMERGENCY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ALL MEMBERS OF THE HOUSEHOLD: (including yourself)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Relationship | Social SecurityNumber | Date of Birth | Enrolled/Tribe |
| 1. | Self |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Source of Income | Amount | How Often |
|  |  |  |  |
|  |  |  |  |

If no income, please complete the following: How do you pay your rent/utilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Why did the income end? (Check all that apply) Date income ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Laid off from work \_\_\_\_\_ Terminated from job \_\_\_\_\_ Public assistance ended
\_\_\_\_\_ Unemployment ended \_\_\_\_\_ Non-compliance w/program \_\_\_\_\_ Disability benefits ended
\_\_\_\_\_ Cash job ended \_\_\_\_\_ Child support stopped \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agreement

I understand the information I have provided on this application may be shared with other agencies or programs which could assist me further. I further waive my rights to confidentiality should I choose to take my request to management levels above the program’s administrative structure.

I consent to release any and all information necessary for the determination of benefits to be made on my behalf and understand this release may include information regarding income, salary, benefits and/or disability.

The information I have provided on this application is true and accurate to the best of my knowledge and I understand that providing false statements or withholding information will be grounds for suspension of the Oneida Food Card program and/or Emergency Food Pantry.

The Emergency Food Pantry is a supplemental source of assistance and is not intended to be the sole source nor ongoing source of food for a household.

LIABILITY WAIVER: I **WILL NOT** hold Oneida’s Emergency Food Pantry or their agents or representatives responsible for damages or liabilities incurred as a result of the items or products given to me as a donation. All food and/or items are given to me **“as is”** with any and all faults and/or defects as a donation. I understand that the final judgment of quality or suitability for use is with the **person accepting the donation**. This food and/or items are distributed as a donation for personal use only and are **NOT TO BE SOLD UNDER ANY CONDITION.** I am 18 years of age or older. Donation is non-refundable.

I acknowledge that I have received information on other food pantries in the surrounding areas.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Staff Signature Date

**OFFICE USE ONLY**

🞎 Not Eligible 🞎 Pending App Expire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Tribal ID 🞎 Proof of Residency 🞎Foodshare/Commods 🞎 Income FPL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_