

YUROK FOOD DISTRIBUTION PROGRAM



NOTICE

Dear Participant:

Due to new requirements within the Food Distribution Program, the following changes have been made:

- A. All households with zero and fluctuating income will be certified for one month at a time.
- B. All households will be required to have a current utility bill (Power or Gas) at the time of certification for the program.
- C. All households will be required to have verification of current income at the time of re-certification for the program.
- D. All households are subject to a home visit prior to and during the certification period.
- E. All Changes affecting eligibility must be reported within 10 days.
- F. Increases to the households will be added in the following month.
- G. All decreases to the household will be made within 10 days.
- H. Failure to report changes could result in a household receiving USDA commodities to which it is not entitled, to have a claim filed against the household by the Food Distribution Program.
- I. All participants missing their appointment time to pick-up commodities will be given one other scheduled time and date, otherwise forfeit for that month.
- J. Commodities not picked up before the last three working days of each month will forfeit for that month.
- K. Commodities are not RETROACTIVE for the prior months.
- L. You can not receive Food Stamps and the Food Distribution Program at the same time. Doing so will mean termination from one of the programs. If you are eligible for both programs, you may switch back and forth, alternating months between Food Stamps and Commodities. To do this, you must notify the Food Stamps office and the Food Distribution office of your intent well in advance of the switch date.

I have read and understand the above stated changes in requirements for the program.

Participant Signature

Date

FOOD DISTRIBUTION PROGRAM

P.O. Box 1087
Crescent City, CA 95531
Phone: (707) 464-1852
Fax: (707) 464-5492

APPLICATION FOR FOOD DISTRIBUTION

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 mail it or bring it to the office.

IMPORTANT: When you are interviewed, please bring proof of all household income. For example: pay stubs and award letters for government benefits (such as Social Security). We may also need statements of all household savings-checking accounts and dependent care costs.

Check List:

- Verification of Income for all household members
- Utility Bill showing your residence
- Dependent Care Costs
- Social Security numbers for each household member
- Verification of tribal membership
(if not residing on Yurok Reservation)

Having these items with you could speed up your application.

Name: _____

Phone Number (Where you can be reached): _____

Mailing Address: _____
P.O. Box City State Zip

Residence Address: _____
(Please give directions to your home)

AUTHORIZATION FOR ELIGIBILITY INVESTIGATION	Date this Authorization will Terminate:
---	---

I _____, residing at _____
 (Print Name) (Street Address)

_____, hereby authorize:
 (City, State, and Zip Code)

THE YUOK FOOD DISTRIBUTION PROGRAM REVIEWERS TO VERIFY MY INCOME, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, INSURANCE, SAVINGS CERTIFICATES, STOCKS & BONDS, DISABILITY, RETIREMENT BENEFITS, SOCIAL SECURITY INCOME, VETERANS ADMINISTRATION, UNEMPLOYMENT BENEFITS, ACCOUNT FROM IIM OFFICE, PUBLIC ASSISTANCE GRANTS, CALWORKS, TRIBAL TANF, MEDICAL HISTORY, TRIBAL AFFILIATION AND ANY OTHER FACTS RELEVANT TO MY ELIGIBILITY FOR PARTICIPATION IN THE FOOD DISTRIBUTION PROGRAM.

I ALSO AUTHORIZE ANY PERSON, PARTNERSHIP, CORPORATION, ASSOCIATION OR GOVERNMENTAL AGENCY PROCESSING INFORMATION ON SUCH MATTERS TO RELEASE SUCH INFORMATION TO THE REVIEWERS.

I understand that this information will be kept confidential.	Applicant Signature:	Social Security Number _____ - ____ - _____
	Applicant Signature:	Social Security Number _____ - ____ - _____

PLEASE SEARCH YOUR RECORDS AND VERIFY THE FOLLOWING INFORMATION:

THE INFORMATION WILL BE USED TO DETERMINE INITIAL ELIGIBILITY OR CONTINUING ELIGIBILITY OF THE ABOVE NAMED INDIVIDUAL TO RECEIVE A PROGRAM BENEFIT FOR STATISTICAL PURPOSES TO IMPROVE PROGRAM EFFECTIVENESS, OR FOR ENFORCEMENT PURPOSES TO DETERMINE IF FNS REGULATIONS HAVE BEEN VIOLATED OR ENFORCEMENT PROCEEDINGS ARE WARRANTED.

PLEASE RETURN ALL INFORMATION TO:

YUOK FOOD DISTRIBUTION PROGRAM

**P.O. BOX 1087
 CRESCENT CITY, CA 95531**

 (Office Signature)

 (Date)

PLEASE FILL IN LEFT HAND COLUMN ONLY

Has anyone living in the home received food stamps this month or the previous month or have a case pending?

YES NO If Yes, where? _____

Fill in all blanks for each household member, including yourself, people who live and eat with you (except roomers and boarders) should also be listed as household members.

Please include each household member's Social Security number in the spaces below. Failure to provide this information will result in a denial for commodities.

	NAME(S)	D.O.B.	SOCIAL SECURITY #	AGE	OFFICE USE
1.	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	<input type="checkbox"/>

CHECK BOX IF RECEIVING FOOD STAMPS

ENTER ALL DOCUMENTS OR VERIFICATIONS ON THE DOCUMENTATION SUMMARY SHEET.

Del Norte
 Humboldt
 Curry

Food Stamp dual participation was checked by: _____

Calling County Welfare on: _____

Name of person spoke with: _____

Checked residency on Yurok Reservation: North / South
(circle one)

Form of Verification: _____

If not residing on Yurok Reservation:

Checked Tribal Membership: _____
(Tribal I.D. #)

RESOURCES (For Example: Cash on Hand, Money in a Savings or checking Account, Stocks, Bonds, or other Negotiables) List all resources of your household:

Comments on your household resources:

RESOURCES (Do not enter the value of excluded resources.)

Cash on Hand:
\$ _____

Savings Account:
\$ _____

Checking Account:
\$ _____

Stocks, Bonds, etc:
\$ _____

Other:
\$ _____

Total Household Resources:
\$ _____

Circle Maximum Resource Limit:
 \$1,750 \$3,000

EARNED INCOME

Self -Employed: Is anyone in your household self-employed?

YES NO

If yes, complete the Self-Employment Income sheet. Please bring in last years federal W-2 tax forms for all self-employed members of your household, or if no such tax forms were filled out last year, bring proof of all self-employed income and costs.

Wages and Salaries: Is anyone in your household employed?

Fill in all blanks for each member with a full or part-time job. If a member has more than one job, list each separately. Include members who receive income from a training program. DO NOT include self-employed household members.

<u>Household Member</u>	<u>Employer</u>	<u>Amount/ How Often</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EARNED INCOME

1. Total gross self-employment income:
\$ _____
2. Total monthly business costs:
\$ _____
3. Subtract line 2 from line 1:
\$ _____
4. Total monthly gross income from wages and salaries:
\$ _____
5. Add line 3 to line 4:
\$ _____
6. Multiply line 5 by 20% :
\$ _____
7. Subtract line 6 from line 5:
\$ _____

EDUCATIONAL GRANTS, SCHOLARSHIPS OR LOANS

<u>Source</u>	<u>Check Amount</u>	<u>How Often Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

8. Monthly income from educational grants, etc., as calculated:
\$ _____
9. Monthly tuition and mandatory fees:
\$ _____
10. Subtract line 9 from line 8:
\$ _____
11. Add line 7 and line 10:
\$ _____

UNEARNED INCOME			UNEARNED INCOME
<u>Who Receives Income</u>	<u>Check Amount</u>	<u>How Often</u>	
CalWorks or Tribal TANF:			ENTER ALL DOCUMENTATIONS OR VERIFICATIONS OF EARNED AND THE DOCUMENTATION SUMMARY SHEET 12. Total of all unearned Income: \$ _____ 13. Add line 11 to line 12: \$ _____ 14. Enter Dependent Care Costs (Don't exceed limit): \$ _____ 15. Subtract line 14 from line 13: \$ _____ 16. Net monthly income: \$ _____ 17. Household Size: _____ 18. Food Distribution Income Limit for Household size: _____
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Social Security:			
_____	_____	_____	
SSI (Supplemental Security Income):			
_____	_____	_____	
GA (General Assistance):			
_____	_____	_____	
VA (Veteran's Benefits):			
_____	_____	_____	
Pension or Retirement Income:			
_____	_____	_____	
Workman's Compensation, Unemployment or Disability Insurance:			
_____	_____	_____	
Child Support or Alimony:			
_____	_____	_____	
_____	_____	_____	
Money from Friends or relatives:			
_____	_____	_____	
Other (Specify)			
_____	_____	_____	

Dependent Care:

Does anyone in your household pay for someone to baby-sit or care for a child or disabled adult, so that a member can get work, training, or look for a job?

YES NO

If Yes, how much? _____

How Often? _____

Who provides this care?

Name/Address: _____

Phone Number: _____

MONTHS IN CERTIFICATION PERIOD

January	February	March	April	May	June	Year
July	August	September	October	November	December	Year

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

AUTHORIZED REPRESENTATIVE

You can authorize someone outside your household to get Food Distribution Commodities for you. If you would like to authorize someone, write the person’s name below:

Name: _____ Phone: _____

Address: _____

RACIAL-ETHNIC HERITAGE

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way affect consideration of your application. We are authorized to ask for this information under the Title VI of the Civil Rights Act of 1964.

Black-not of Hispanic Origin	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	White not of Hispanic Origin
---------------------------------	----------	------------------------------	--------------------------------------	---------------------------------

PENALTY WARNING:

If your household receives Food Distribution, you must follow the rules listed below:

- Do Not trade or sell food distribution commodities.
- Do Not use someone else’s food distribution commodities for your household.
- Do Not give false information, or hide information in order to receive or continue to receive food distribution.

I understand the questions on this application. My answers are correct and complete to the best of my knowledge.

I understand that I may have to provide documents to prove what I have said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the office may contact to obtain the necessary proof of information.

X _____
 (Signature) (Date)

**FOR OFFICE USE ONLY
CASE DISPOSITION**

Denied:
Reason: _____
Date: _____

Approved:
Cert. Period: _____
Date: _____

Pending:
Reason: _____
Date: _____

First month CPV: YES NO

Processed By: _____
Date: _____
Reviewed By: _____
Date: _____