

**APPLICATION FOR PARTICIPATION IN
FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS
Three Affiliated Tribes Food Distribution Program
(Revised 7-2021)**

Name _____ Date _____

Address _____ Mailing Address (if different) _____

City _____ County _____ State _____ Zip _____

Phone (_____) _____

Household Members:

	Name	Relationship	Birth Date
1		Head of Household	
2			
3			
4			
5			
6			

Racial Ethnic Heritage: (Circle any that apply)

American Indian Hispanic Asian Black Caucasian

Persons you authorize to pick up your food package:

YOU MAY NOT PARTICIPATE IN THE SNAP PROGRAM AND THE FOOD DISTRIBUTION PROGRAM AT THE SAME TIME.

If you receive commodities, you must follow these rules: 1) Do not give false information or hide information; 2) Do not trade or sell commodity food; 3) Provide proof of all household income. Failure to follow these rules, may result in a money claim being filed against the household and/or disqualification from the program.

I understand the questions on this application and my answers are complete and correct to the best of my knowledge. I agree to provide documents to prove these statements. I understand that I must immediately report any changes in household size, income or address. I understand that certification is determined by the income, size, and address of my household and may be increased, decreased or terminated any time changes occur. The certification worker has reviewed this application with me and I understand that I may request a fair hearing either orally or in writing if I disagree with any action taken on my case.

Applicant Signature

Certified by

Date Reviewed

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.