

**STOCKBRIDGE-MUNSEE
FOOD DISTRIBUTION PROGRAM
P.O. BOX 70
BOWLER, WI 54416
M8484 MOH HE CON NUCK ROAD
PHONE (715) 793-4941 FAX (715) 793-1307**

APPLICATION FOR THE FOOD DISTRIBUTION PROGRAM
**YOU CANNOT RECEIVE FOOD SHARES AND COMMODITIES IN THE SAME
MONTH!!**

ELIGIBILITY: Households which live on the Stockbridge-Munsee Reservation, Live in Shawano County and have at least one member who is enrolled in a federally recognized tribe and Meet the income eligibility guidelines. Eligibility is based on the income of all household members 18 and older.

APPLYING FOR THE FOOD DISTRIBUTION PROGRAM: to apply for the FDP you must complete the application. You must provide documentation regarding your household's income, be interviewed by a certification worker. If you are unable to complete this application form, you may obtain assistance from someone who know you, or the certification worker can help you.

INFORMATION NEEDED: when you turn in your application, it will be necessary to provide proof of income for all household members 18 and older. Shelter/utility expenses and medical expenses for elderly or disabled persons in excess of \$30.00 per month

ANSWER ALL QUESTIONS HONESTLY AND COMPLETELY: If you refuse to provide any necessary information or provide false information, you and your household will not be eligible for the Food Distribution Program.

REPORT CHANGES: you have 10 working days to report any changes in your household.

**TRADING, SELLING OR GIVING AWAY YOUR BENEFITS IS NOT PERMITTED.
WE ASK YOU ONLY TAKE WHAT YOU NEED.**

Date Received _____
Office use only

Answer the following questions honestly and completely. If you know but refuse on purpose to give any needed or false information, your household will not be eligible for food distribution.

IMPORTANT: please bring proof all household income and expenses, this will make processing your application faster.

NAME: _____ SOCIAL SECURITY # _____

PHYSICAL ADDRESS: _____ CITY: _____ ZIP CODE: _____

STATE: _____ COUNTY: _____ PHONE #: _____

MAILING ADDRESS IF DIFFERENT: _____

SNAP BENEFITS (FOOD STAMPS):

HAVE YOU EVER OR ARE YOU CURRENTLY RECEIVING FOOD STAMPS? YES _____ NO _____

IF SO, WHEN? _____ WHERE? _____

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN DISQUALIFIED FROM PARTICIPATION IN THE FOOD STAMP PROGRAM? YES ___ NO ___ IF YES, WHO? _____ WHEN? _____

EMERGENCY ASSISTANCE:

IF YOU HAVE RECEIVED LITTLE OR NO INCOME FOR THE MONTH, YOU MAY BE ELIGIBLE FOR EMERGENCY ASSISTANCE.

I AM REQUESTING EMERGENCY ASSISTANCE.....

Include the Social Security number of each family member who has one. This will help us to identify your household correctly. The Social Security number may also be used in program reviews or audits to make sure your household is eligible for Food Distribution.

Please list ALL PERSONS LIVING IN YOUR HOUSEHOLD (INCLUDING YOURSELF)

DO NOT LIST ROOMERS OR BOARDERS. They cannot be included as household members.

	NAME	RELATION TO HEAD OF HOUSEHOLD	BIRTH DATE	SOCIAL SECURITY #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

List others in your home that would be considered roomers or boarders.

	NAME	ROOMER (amount paid for room only)	BOARDER (amount paid for room and meals)
1			
2			
3			
4			

UNEARNED INCOME: You must bring in verification of all income.

INCOME SOURCE	INCOME RECEIVED BY	AMOUNT	HOW OFTEN (daily, weekly, monthly)
Alimony or Support			
W-2, AFDC, TANF			
Kinship care			
GA (General Assistance)			
SSI – State and Federal			
Social Security, SSDI			
VA (Veteran's Benefits)			
Pension or retirement			
Workman's Compensation			
Unemployment			
Child Support			
Respite Care			
Foster Care			
Education Grants, Loans, Scholarships			
Other income not listed (specify)			

CHILD SUPPORT: Does anyone in your household pay child support? YES _____ NO _____ WHO _____

Please provide court order papers, check stubs, printouts, etc.

SHELTER/UTILILTY EXOPENSES: Must provide proof of your monthly cost of your shelter expense. Rent receipt, or heating/electric receipt or sewer/water receipt.

MEDICAL EXPENSES: For elderly or disabled persons. Must provide proof of medical expenses (out of pocket) in excess of \$30.00 per month.

PLEASE BRING PROOF OF ALL HOUSEHOLD INCOME.

SELF- EMPLOYMENT INCOME:

Is there anyone in your household who is self-employed? YES _____ NO _____

If yes, please bring operating expenses or last year's income tax.

EARNED INCOME: Income from work. Please complete the following information for each person who has a full or part time job. Do not include the earnings of children under the age of 18.

PLEASE BRING VERIFICATION OF LYOUR INCOME.

NAME	EMPLOYER'S NAME	GROSS AMOUNT (before deduction)	HOW OFTEN (daily, waekly, monthly)
1.			
2.			
3.			

DEPENDENT CARE: Does anyone in your household pay someone to baby-sit or care for a child or a disabled adult so that a member of the household can go to work, job training, or look for employment? YES _____ NO _____

If yes, how much do you pay? \$ _____ How often? _____

Who provides the care? _____ Phone Number _____

Address _____

PLEASE PROVIDE PROOF (RECEIPT OR THER DOCUMENTATION)

YOUR RACIAL/ETHNIC HERITAGE:

Under the Title VI of the Civil Rights Act of 1964 we are authorized to ask for this information. Although you are not required to provide it, your cooperation will help us keep in compliance with Federal Civil Rights Law. If you wish to decline giving us this information, it will in no way affect consideration of your application.

_____ Native American or Alaskan Native

_____ Asian or Pacific Islander

_____ African American

_____ Caucasian

_____ Hispanic Origin

AUTHORIZED REPRESENTATIVE: If you are unable to pick up your commodities you may authorize someone outside your household to do so. Please provide the following information.

NAME	ADDRESS	TELEPHONE NUMBER

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

- DO NOT give false information or hide information to get or continue to get Food Distribution.
- DO NOT trade or sell Food Distribution Commodities.
- DO NOT use someone else's Food Distribution commodities for your household.
- YOU CANNOT RECEIVE BOTH Food Distribution and Food Stamps at the same time.

YOUR SIGNATURE

- I understand the questions on this application. My answers are correct and complete to the best of my knowledge.
- I understand that I have 10 working days to report any household change whether it is income or household members.

DATE: _____ SIGNATURE: _____

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

In accordance with the Civil Rights law and U.S. Department of Agriculture (USDA) Civil rights regulation and policies, the USDA, its Agencies, offices, and employees and institutions participating in or administering USDA programs are prohibited from discrimination basis 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 for communication of program information (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 (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 on line at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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 form, call (866) 632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W. Washington D.C. 2050-9410; Fax: (202)690-7442 or Email: program.intake@usda.gov

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P.O. BOX 70 BOWLER, WI 54416

AUTHORIZATION FOR THE RELEASE OF INFORMATION.

PURPOSE:

The Food Distribution Program may use this authorization to obtain information to administer and enforce program rules and policies.

INFORMATIN COVERED BUT NOT LIMITED TO THE FOLLOWING:

TANF program	Federal, state, tribal or local benefits
General Assistance	Child care expenses
Employment/wages	social security numbers
Pensions, retirement payments	caretaker supplement
Banks and other Financial Institutions	Welfare Agencies
Tribal and County Courts	Providers of Child Care
Schools and Colleges	Medical Care
Handicapped Assistance	Annuities
U.S. Social Security Administration/SSI	U.S. Veteran's Department
Public Housing	Kindshlp care
Unemployment compensation	State Agencies, SNAP

Signature (HH): _____ Date: _____

Signature (Adult): _____ Date: _____

Signature (Adult): _____ Date: _____

Signature (Adult): _____ Date: _____

Stockbridge-Munsee Food Distribution Program

Fair Hearing Policy and Procedure

Households that believe they have been aggrieved by the following adverse actions by the ITO (Indian Tribal Organization)

- A refusal to accept an application;
- A denial of eligibility;
- A disqualification;
- A decrease in benefits level; or
- A termination of eligibility;

A request for a hearing is a clear expression, oral or written, by the household or its representative that it wishes to appeal a decision or present its case to a higher authority. If it is unclear from the household's request what action it wishes to appeal, the ITO may request the household to clarify its grievance.

A household may request a hearing on any action by the ITO that occurred in the past ninety days.

Responsibilities on fair hearing request:

Within 60 days of receipt of a request for a fair hearing, the ITO must conduct the hearing, arrive at a decision, and notify the household of the decision.

- Households or its representative may request materials or assistance in preparing for the fair hearing.
- Households or its representative may request bilingual services.
- Households or its representative may request a postponement; the postponement cannot exceed 30 days.
- The ITO must publish clearly written uniform rules of procedure that conform to the regulations and must make the rules available to any interested party.

The ITO cannot deny or dismiss a request for a hearing unless the:

1. The request is not received within the ninety-day time period.
2. The request is withdrawn in writing by the household or its representative; or
3. The household or its representative fails, without good cause, to appear at the scheduled hearing.

at least 15 days prior to the hearing, advance written notice with hearing meeting information (time, date, and place) must be provided to all parties involved the hearing must be arranged so it is accessible to the household.

however, the household may request less advance notice to expedite the scheduling of the hearing.

The notice should contain the following:

- Name, address, and phone number of the person to notify in the event it is not possible for the household to attend the scheduled hearing
- Possibility of dismissal for failure to appear
- Ito 's hearing procedures.
- The households right to examine the case file prior to the hearing.

Households rights:

1. Must be given adequate opportunity to examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing as well as during the hearing. However, confidential information such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, must be protected from release.
2. Present case.
3. Bring witnesses.
4. Advance arguments.
5. Question evidence.
6. Submit evidence.

The hearing decision:

Decisions of the hearing authority must comply with Federal law or regulations and must be based on the hearing record.

A decision by the hearing authority is binding on the ITO and must summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the pertinent Federal regulations. The decision is a part of the official record.

The household has the right to pursue judicial review of a fair hearing decision that upheld the ITO action.

Reference source: FNS Handbook 501