

SAINT REGIS MOHAWK FOOD DISTRIBUTION PROGRAM
MAIL ADDRESS: 71 MARGARET TERRANCE MEMORIAL WAY
PHYSICAL ADDRESS: 416 STATE ROUTE 37
AKWESASNE, NEW YORK 13655
TELEPHONE: 518-358-2272 ext. 2212 FAX: 518-358-9954
OFFICE HOURS: MONDAY THRU FRIDAY 7:00 a.m. to 4:00 p.m.

DOCUMENTS REQUIRED AT THE TIME OF APPLICATION FOR THE FOOD DISTRIBUTION PROGRAM:

• **YOU ARE REQUIRED TO PROVIDE VERIFICATION OF INCOME BY PROVIDING ONE OF THE FOLLOWING:**

WAGES/PAY STUBS: WEEKLY – 4 CURRENT CHECK STUBS
BI-WEEKLY – 2 CURRENT CHECK STUBS MONTHLY –
MONTHLY - 1 CURRENT CHECK

AWARD LETTERS FOR: SOCIAL SECURITY, SSI, VA PENSION, RETIREMENT, ANNUITY, TANF, ALIMONY, CHILD SUPPORT, GENERAL/PUBLIC ASSISTANCE, FOSTER CARE PAYMENTS AND, ETC.

UNEMPLOYMENT – 18 YEARS AND OLDER-VERIFICATION BY TWO COLLATERAL CONTACT INDIVIDUALS NOT RELATED TO YOU, CONTRIBUTION AND LOAN FORM AND ZERO INCOME FORM

• **YOU WILL NEED TO PROVIDE VERIFICATION OF SELF EMPLOYMENT/BUSINESS INCOME:**

PERSONAL WAGE RECORDS, MONTHLY LEDGERS, PROOF (RECEIPTS) FOR PURCHASES OF SUPPLIES OR ITEMS USED; MOST RECENT YEAR'S INCOME TAX RETURN, ETC. IF UNABLE TO PROVIDE MUST COMPLETE WORKSHEET FOOD DISTRIBUTION WILL PROVIDE.

• **YOU WILL NEED TO PROVIDE VERIFICATION OF RESIDENCE:**

CURRENT UTILITY BILL WITH **PHYSICAL STREET ADDRESS SUCH AS: GAS, ELECTRIC, WATER, TELEPHONE BILL AND RESIDENTIAL STATEMENT PROVIDED BY FOOD DISTRIBUTION PROGRAM**

• **YOU WILL NEED TO PROVIDE VERIFICATION OF IDENTITY:**

1. **AN OFFICIAL TRIBAL CARD, LETTER, OR OTHER DOCUMENTATION ISSUED BY AN INDIAN TRIBE WHICH INDICATES THAT THE INDIVIDUAL IS A TRIBAL MEMBER.**

• **YOU WILL NEED TO PROVIDE VERIFICATION OF STUDENT FINANCIAL ASSISTANCE:**

ALL SCHOLARSHIPS, GRANTS, LOANS AWARDED AND STUDENT FINANCIAL ANALYSIS (NEEDS)

YOU WILL NOT BE ELIGIBLE TO RECEIVE USDA FOODS IF:

1. **YOU ARE RECEIVING SNAP BENEFITS (*FORMERLY FOOD STAMPS*). THE FOOD DISTRIBUTION PROGRAM IS REQUIRED TO VERIFY PARTICIPATION WITH THE INCOME SUPPORT DIVISION ON ALL INDIVIDUALS.**
2. **YOU HAVE AN APPLICATION PENDING WITH INCOME SUPPORT DIVISION FOR SNAP.**
3. **YOU DO NOT RESIDE WITHIN THE APPROVED SERVICE AREA SURROUNDING AKWESASNE.**

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.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, 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.

This institution is an equal opportunity provider.

SAINT REGIS MOHAWK TRIBE FOOD DISTRIBUTION PROGRAM
71 Margaret Terrance Memorial Way, Akwesasne, NY 13655
TELEPHONE: (518) 358-2272 ext. 2212 FAX: (518) 358-9954

Instructions: Complete the following information. If you **refuse to cooperate/provide verification**, your application will be denied. You must provide proof/verification of all income and allowable deductions.

Name (Head of Household): _____ County: _____
 Physical Street Address: _____ Telephone No.: _____
 Mailing Address: _____ Application Date: _____
 City/State/Zip Code: _____ **NEW OR RECERT:** _____

HOUSEHOLD MEMBERS: Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.)

NAME(S) OF ALL HOUSEHOLD MEMBERS <i>(Last, First, Middle Initial) Please Print.</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD <i>(self, spouse, daughter, son, cousin etc.)</i>	DATE OF BIRTH	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Are you or anyone in your household currently receiving SNAP benefits? Yes No If yes, list names: _____

Have you or anyone in your household recently applied for SNAP benefits? Yes No If yes, list names: _____

Have you or anyone in your household been disqualified from the Supplemental Nutrition Assistance Program (SNAP) for an intentional program violation? Yes No. If yes, list name(s): _____

INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments from gambling enterprises, work/training allowances, etc. Verification of income is required for all household members (paycheck stubs, award letters, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	Employer/ SOURCE OF INCOME	TYPE OF INCOME <i>(Wages, Social Security, TANF, Child Support, etc.)</i>	GROSS AMOUNT	HOW OFTEN PAID <i>Monthly, Bi-weekly, Weekly</i>

SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? Yes No If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses).

HOUSEHOLD MEMBER	TYPE OF BUSINESS <i>(Farm, Ranch, Rental, Day care, etc)</i>	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

STUDENTS: Are there any students in your household who receive education grants, scholarships or loans? Yes No
 if yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees/Other Rel. Exp.

ALLOWABLE DEDUCTIONS [Please provide verification]:

STANDARD SHELTER/UTILITY EXPENSE: Does anyone in your household pay on a monthly basis, at least one shelter/utility expense? Yes No If yes, type of shelter/utility expense paid monthly: _____

DEPENDENT CARE: Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment or to attend training or pursue education, which is preparatory to employment? Yes No
 If yes, name and address of person providing care: _____ Amount Paid: \$ _____
 How often paid (weekly, monthly, etc.) _____

CHILD SUPPORT: Does anyone in your household pay court ordered child support for a non-household member? Yes No
 If yes, complete the following: Amount ordered to pay: \$ _____ Amount actually paid: \$ _____

EXCESS MEDICAL EXPENSES: Anyone in your household elderly and/or disabled? Yes No
 If yes, complete the following: Monthly total of medical expenses, excluding special diets: \$ _____

AUTHORIZED REPRESENTATIVE: To authorize someone outside your household to act on your behalf and/or pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. What is your ethnic category? Hispanic or Latino or Not Hispanic or Latino
2. What is your race? American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Please read and initial after each certification/provision.

_____ **FAIR HEARING:** If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson, may present your case.

_____ **PENALTY WARNING:** If your household receives USDA foods, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and /or disqualification from participation in the Food Distribution Program.

1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Supplemental Nutrition Assistance Program (SNAP) in order to obtain Food Distribution Program benefits, which your household is not entitled to receive.
2. Do not misuse (e.g., trade or sell) USDA foods.
3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willingly violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

AUTHORIZATION: I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report within ten (10) calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

NON-DISCRIMINATION STATEMENT: 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.

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Applicant's Signature _____ **Date** _____