

Case No: _____

Date Received: _____

**MISSISSIPPI BAND OF CHOCTAW INDIANS
Choctaw Food Distribution Program
P.O. Box 6010, Choctaw Branch
Philadelphia, MS 39350**

APPLICATION FOR USDA DONATED FOOD

Directions: This form should be answered completely as possible in order to apply for USDA donated food. You can complete this form at home and either mail it, fax it, or apply by phone, or bring it to the Food Distribution Program's Main Office or someone in your family or another adult who knows you can fill the form in and return it to the Food Distribution Program office for you.

When you are interviewed, please bring proof of income such as pay stubs or award letters from government benefits (SSI, Social Security, or GA).

Part I. Household and Residence

Head of Household _____

Mailing Address _____

Town _____ County _____ Zip Code _____

Are you or any member of your household, member of the Choctaw Tribe? Yes ___ No ___

Please tell us how to get to your home _____

Telephone number (s) where you can be reached _____

Name and telephone number of someone who can reach you _____

Are you or is anyone in your house receiving SSI, Social Security, Public Assistance (PA, TANF) or General Assistance (GA) benefits? ___ Yes ___ No. If yes, which benefit (s) are received? _____

Are you or any member of your household certified for Food Stamps? Yes ___ No ___

Part II. Household Members

Please list each person, including yourself, who lives and eats with you. Collection of SS# is Mandatory.
Number is required for Certification purposes of FDPIR

	Name	Social Security No.	Date of Birth	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

Does anyone pay you for a room, meals, or both? _____ Yes _____ No.

If you answered yes, please fill in below.

	Name	How Much?	How often?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Part III. Income

A. Job Income

For each member of your household, including yourself, write down each full or part-time job.

	Name	Name of Employer	Amount of Check Before Deductions	How Often
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Is anyone in your household self-employed? ____ Yes ____ No

If you answered yes, please bring in last year's Federal Tax forms or other proof of costs and income for self-employment.

B. Rental Property Income

Do you receive income from rental properties? ____ Yes ____ No.

If yes, how much? _____ How often? _____

Address of property _____

C. Other Sources of Income

List all other income received by any household member including yourself, during the past month.

Source	Name	Amount of Cash or Check	How often Received
TANF (Temporary Assistance to Needy Families)	1. _____	_____	_____
	2. _____	_____	_____
Social Security	1. _____	_____	_____
	2. _____	_____	_____
SSI (Supplemental Security Income)	1. _____	_____	_____
	2. _____	_____	_____
GA (General Assistance)	1. _____	_____	_____
	2. _____	_____	_____
VA Veteran (Benefits)	1. _____	_____	_____
	2. _____	_____	_____
Pensions or Retirement	1. _____	_____	_____
	2. _____	_____	_____
Unemployment or Workers compensation	1. _____	_____	_____
	2. _____	_____	_____
Interest from saving Accounts, Credit Union, etc.	1. _____	_____	_____
	2. _____	_____	_____
Foster Care Payments	1. _____	_____	_____
	2. _____	_____	_____
Total Educational Grants and loans for tuition and mandatory fees	1. _____	_____	_____
	2. _____	_____	_____
Child Support	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
Other (Specify)	1. _____	_____	_____
	2. _____	_____	_____

Part IV. Dependent Care

Do you pay anyone to baby sit or care for someone in your family so that you may work or train for work? ____ Yes ____ No

If yes, how much? _____ How often _____

Name of person _____ Telephone No. _____

Address _____

Part V. Ethnicity and Race

We would like you to tell us your racial identity although you do not have to. This information will not affect your eligibility. Please check one:

- 1. Are you Hispanic or Latino
Yes _____
No _____

2. Please Mark One or More:

- () American Indian Alaskan Native Tribe: _____
- () Asian or Pacific Island
- () Black or African American
- () Native Hawaiian or Other Pacific Islander
- () White

Part VI. Authorized Representatives

If you were sick or unable to pick up food, who would be able to come for you?

	Name	Social Security No.
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Part VII. PENALTY WARNING

If your household receives food distribution, you must follow the rules listed 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 distribution commodities for your household.

The penalties for violation of these rules are suspension from the program as follows:

- A. For a period of 12 months for the first Violation;
- B. For a period of 24 months for the second violation; and
- C. Permanently for the third violation.

Part VIII. CERTIFICATION AND SIGNATURE

- 1 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.
- 2 I understand the questions on this application. My answers are correct and complete to the best of my knowledge.
- 3 I understand that I cannot receive both food stamps and food distribution commodities during the same month since participation in both the Food Stamp and Food Distribution Programs, during the same months, is prohibited.

Your Signature

Date

Witness (if you signed with an X)

Date

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.

USDA NONDISCRIMINATION 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. 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: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA provide in the letter full 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, DC 20250-9410; (2) Fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Fair Hearing Procedure

A Fair Hearing request is a clear expression written or oral by the household or its representative. The Fair Hearing request may be on any action taken by the ITO in the past 90 days or which it affects current benefits. Adverse Action includes termination, denial, disqualification, decree: in benefits, and refusal to accept application. The right to request a Fair Hearing must not be Limited or interfered with in any way.

The right of the household to request a Fair Hearing:

- 1) Request may be written or oral;
- 2) Right to be represented by anyone of their choice
- 3) Fair Hearing request may be on any action taken, which the household does not agree with
- 4) Right to examine or request materials , bilingual service;
- 5) Right to request assistance with the Fair Hearing;
- 6) Household may request for a postponement of the hearing

The ITO can not deny or dismiss a request for the Fair Hearing unless:

- 1) the request if not received within 90 days of adverse action
- 2) Request is withdrawn in writing by the household or its representative
- 3) Household or its prerepresentative, without good cause, fails to appear at the schdule hearing

For more information, call
Gordon Sam, Program Manager
Choctaw Food Distribution Program
142 Industrial Rd/P.O. Box 6010
Choctaw, Ms 39350
601/650-1761

For Legal Representation, call
Choctaw Legal Defense
125 River Ridge Circle
Choctaw Ms 39350
601/650-7449

Applicant's Signature and Date

USDA NONDISCRIMINATION 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. Persons with disabilities who require alternative means of communication for program information (e.g.Braille, large print, audiotape, American Sign Lanuage, 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 then English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (Ad-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA provide in the letter fall 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:

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PRIVACY NOTICE

MBCI Choctaw Food Distribution Program

Choctaw Food Distribution is committed to protecting your privacy, in fact, we do not share your protected information (known as Nonpublic Personal Information) with nonaffiliated third parties except for routine processing of your application at your request and otherwise permitted or, required by law. We do not share your protected information with outside agencies. For our internal use, we collect the following types of information about you.

Information we receive from you on application and other forms, such as names, address, social security numbers, resources, and income. If you choose to close your program participation with us or if you become an Inactive client, we will continue to adhere to the privacy policies described in this notice. Your Social Security number is mandatory under the Authority of Department of Family and Community Services. Your Social Security is used for internal identification and shared with D.H.S. to prevent dual participation.

I acknowledge receipt of copy of the above on this _____ day of _____, 20_____.

Applicant

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