

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

	<b>Name</b>	<b>Social Security No.</b>	<b>Date of Birth</b>	<b>Relationship</b>
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.

	<b>Name</b>	<b>How Much?</b>	<b>How often?</b>
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

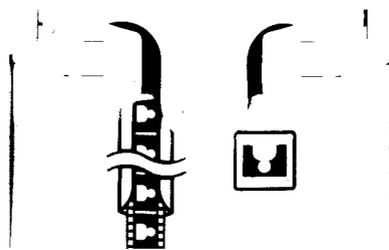
**You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.**

**USDA NONDISCRIMINATION STATEMENT**

**FDPIR Nondiscrimination Statement:**

**"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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992(Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."**



## 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 is not received within 90 days of adverse action
2. Request is withdrawn in writing by the household or its representative
3. Household or its representative, without good cause, fails to appear at the scheduled 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

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**Applicant's Signature and Date**

**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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