



Eastern Shoshone Tribe Food Distribution Program

P.O. Box 520

Fort Washakie, WY 82514

Phone: 307.332.3087

Fax: 307.332.6008

Email: eshoshonefdp@outlook.com

New Applicant/Recertification

Copy of Tribal ID or Driver License

1. **SS# Head of Household Member, If not on file.**
2. **SS# of Household Members living in home. (Proof of guardianship on children).**
3. **Proof of All Bills, Rent, Electric, Gas. (If claiming deduction).**
4. **Income from Employment, Self-employment, TANF, GA, SSI and Social Security, Educational, VA.**
5. **Dual Participation Application signed and completed.**
6. **All signatures Required on applications (ESFD) will hold applications w/o Signatures**
7. **Zero Income forms needs to be completed & signed.**
8. **Residing with other Household Members Form needs to be signed by that person whom you reside with (Form are available).**
9. **Authorizing Forms are available for someone who can pick up your issuance if you are unable.**

Note: Certification process can take 7 calendar days excluding weekends to process if all your paper work is available on request.

**APPLICATION FOR PARTICIPATION IN THE
SHOSHONE TRIBE FOOD DISTRIBUTION
PROGRAM**

NAME: _____

CENSUS: _____

CHAPTER: _____ NO: _____

Instructions:

Answer the following questions honestly and completely. If you refuse to give any needed information, your household (you and the people who live and eat with you) won't be eligible for the Food Distribution Program. You may complete this form at home and mail it or bring it to the office. If you wish, another member of your household or an adult who knows you may complete the application for you and return it to us.

Important:

You will be scheduled for an application interview. When you are interviewed, please bring proof of all household income—for example, bring any stubs and award letters for government benefits (such as SSI or Social Security). We may also need statements on all household savings and checking accounts and dependent care costs. Having these items with you could speed up your application.

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PLEASE TELL US HOW TO GET TO YOUR HOME:

Telephone NO: _____

HOUSEHOLD MEMBERS:

Please fill out the information below on the members of your household who share food and eat with you.

We would like you to include the Social Security number of each member of your household who has one, although you are not required to do so. This will help us identify your household correctly. **We are authorized** to ask for this information under the Tax Return Act of 1976.

NAME:	NAME:			RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	CENSUS NUMBER
	last	first	middle				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Is anyone in your household currently certified to participate in the Food Stamp Program? YES NO
if "yes," list the names of the individuals:

Income from work:

Outside work: Please fill out information below for each household member with a full or part time job or who receives income from JTPA or WIN. If a member has more than one job, list each separately. Do not include self-employed household members.

HOUSEHOLD MEMBER	NAME OF EMPLOYER	"GROSS INCOME BEFORE TAXES"	HOW OFTEN PAID?

SELF-EMPLOYED: Is anyone in your household self-employed (payments from rental property and roomers is considered self-employment)? Yes No. If YES, complete self-employment sheet. Please bring last year's Federal tax forms or proof of self-employment costs and income for self-employed members to the interview.

OTHER INCOME:	Source	Household Member	Amount Per Period of payment
	(AFDC) Aid to families with Dependent Children	1. _____	\$ _____
		2. _____	\$ _____
	(SSI) Supplemental Security Income - Gold Checks	1. _____	\$ _____
		2. _____	\$ _____
	(GA) General Assistance	1. _____	\$ _____
		2. _____	\$ _____
	Social Security Income Blue/Green Checks	1. _____	\$ _____
		2. _____	\$ _____
	(VA) Veteran's Benefits	1. _____	\$ _____
		2. _____	\$ _____
	Pensions or Retirement Income	1. _____	\$ _____
		2. _____	\$ _____
	Unemployment or Workers Compensation	1. _____	\$ _____
		2. _____	\$ _____
	Child Support and Alimony	1. _____	\$ _____
		2. _____	\$ _____
	Money from friends or relatives (other than loan)	1. _____	\$ _____
		2. _____	\$ _____
	Other (specify)	1. _____	\$ _____
		2. _____	\$ _____

DEPENDENT CARE:

Does anyone in your household pay someone to babysit or care for a child or a disabled adult so that a member can work or go to school or training? Yes No

(If yes, how much do you pay?) \$ _____ per _____

Who provides this care?

NAME

ADDRESS

RESOURCES: Please complete information below on resources off all your household members.

HOUSEHOLD MEMBER	CASH ON HAND	CHECKING ACCT. BALANCE	SAVINGS ACCT. BALANCE(S)	SAVINGS CERTIFICATES	STOCKS BONDS

STUDENTS:

Are there any students in your household who receive educational grants, scholarships or loans? Yes NO. If yes, complete the following:

NAME OF STUDENT	NAME OF SCHOOL	Total amt. of grants, Scholarships or loans	month covered by this amount
1		\$	from to
2.		\$	from to

How much of the grants, scholarships or loans are used to pay tuition or fees charged by the school? (Do not include expenses that are not charged by the school, such as textbooks, or transportation to schools).

\$ _____

Are there any students in your household who are 18 or over and attend college or career training program?

Yes No

RACIAL/ETHNIC HERITAGE:

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way effect consideration of your application. We are authorized to ask for this information under Title VII of the Civil Rights Act of 1964.

Black (non-Hispanic) _____ Hispanic _____ Asian (or Pacific Islander) _____
 American Indian/Alaskan Native _____ White (non-Hispanic) _____

AUTHORIZED REPRESENTATIVE:

You may authorize someone outside your household to pick up your commodity food. Write the person's name below:

NAME ADDRESS TELEPHONE NO.

PENALTY WARNING

If your household receives commodity food, it must follow the rules listed below:

1. Do not give false information, or hide information, to get or continue to get commodity food.
2. Do not trade or sell commodity food.
3. Do not use someone else's commodity food.

I understand that questions on this application and my answers are correct and complete to the best of my knowledge. I agree to provide documents, if necessary, to prove these statements and/or to give the name of a person or organization which can provide necessary proof. I understand that I may request a fair hearing either orally or in writing if I disagree with my action taken on my case.

Applicant's Signature

Today's Date

Caseworker's Signature

“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, disability, religious creed, or political beliefs.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410, or call toll free (866) 632-9992 or 800-795-3272 (voice). TDD users can contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

**RESIDING WITHIN A HOUSEHOLD
BUT PREPARES OWN MEALS**

DATE: _____

TO: SHOSHONE FOOD DISTRIBUTION PROGRAM

_____ resides in my household
He/She cooks and prepares their own meals.

Signed: _____

Address: _____

FOOD DISTRIBUTION PROGRAM ZERO INCOME FORM

In order to determine your eligibility for the Food Distribution Program, you need to provide proof of income for the past 30 days prior to the date of your application. If you had zero income for the past 30 days or are currently claiming zero income, please answer the following questions:

1. What was the total income for all members of your household for the past 30 days?

2. How do you pay your utility bills?

3. How do you pay for your housing?

4. How do you get food for your household?

5. Have you or any members of your household applied for any benefits/programs? (such as SSI, Social Security, TANF, Unemployment, Public/General Assistance)?

I hereby certify that the information that I have provided accurately represents the total income for all members of my household. I understand that I must report any changes in household size, income and/or resources within 10 days of the date the change becomes known. I understand that if I fail to report a change and, as a result, receive commodities that my household was not entitled to, a monetary claim may be filed against my household.

Signature _____

Date _____

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: How to File a 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

This institution is an equal opportunity provider.



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Dual Participation Questionnaire

Are you reapplying for the participation in the Shoshone Food Distribution Program?

Yes: _____ No: _____

If your answer is YES! STOP HERE!

Sign and date below.

Are you currently participating in the Food Stamp Program(SNAP)?

Yes: _____ No: _____

Are you participating in any other Food Distribution Program?

Yes: _____ No: _____

If your answer is yes, tell us where you are currently receiving Food Stamps(SNAP) or U.S.D.A Commodities. _____



Applicants Signature

Date

TO BE COMPLETED BY CASE WORKER

1. Food Stamp(SNAP) listing checked? Yes: _____ No: _____
2. Northern Arapaho Food Distribution listing checked? Yes: _____ No: _____
3. Other agencies contact for verification: _____

Comments: _____



Certification Technician/Director

Date