

## Food Distribution Program

N6562 Lumber Jack Guy Road  
 Black River Falls, WI 54615  
 888.685.4422 Ext. 5038  
 715.284.7461 Ext. 5038  
 Andrew Rave, Director

Application for the Food Distribution Program on Indian Reservations (FDPIR)

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Are you an enrolled member of a Federally Recognized Tribe and live in the service area?**

YES / NO      If yes, list the Tribe \_\_\_\_\_

**Have you, or a household member, applied for or received SNAP (Food Stamps) last month or this current month?**

YES / NO      If yes, list the county \_\_\_\_\_

**Please list your household members (including yourself).**

<u>NAME</u>	<u>Relation to HoH</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**Please list all your household EARNED INCOME/Income from Work.**

<u>Household Member</u>	<u>Employer's Name</u>	<u>Gross Amount (Before Deductions)</u>	<u>How often paid</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Please list all your household UNEARNED INCOME.**

Place zeros if you do not receive

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Social Security			
SSI -Supplemental Security Income			
SSDI – Social Security Disability Ins			
Child Support / Alimony			
Unemployment / Worker’s Comp			
TANF / General Assistance			
Pension / Retirement / VA Benefit			
Per Capita Payments			
Kinship Care / Foster Care			
Other:			

Is anyone in your household self-employed? YES / NO

If yes, please provide your Schedule C tax form.

**Please list all household DEDUCTIONS.**

Place zeros if you do not pay

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Child Care / Child Support Paid			
Medicare Part B/D Premiums Paid			
Shelter/Utility Paid			
Other Medical Expenses Paid Out of Pocket/Not Paid by Insurance Must be elderly (60 or older) or disabled			

**PROXY/Authorized Representative** You can authorize someone outside your household to pick-up your USDA foods for you.

<u>NAME</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

**PENALTY WARNING**

If your household receives USDA foods it must follow the rules below:

- **DO NOT** give false information, or hide information to get or continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trade, sell, or use someone else’s USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (Food Stamps) simultaneously. Participation in both SNAP & FDPIR at the same time is prohibited.

**Fair Hearings**

You or your representative may request a fair hearing in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any representative of your choice. If you are in need of free legal representation, please contact the food distribution program director listed on the front page.

I understand the questions and statements on this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office representative a name or organization to contact and obtain the necessary proof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).*

*For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800)221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm)*

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**For Office Use Only**

Date Application Received: \_\_\_\_\_ Certification Worker: \_\_\_\_\_

\_\_\_\_\_ New Application                      \_\_\_\_\_ Re-Certification Application                      \_\_\_\_\_ Change in circumstance

SNAP (Food Stamps) Recipient: YES / NO                      Date Verified:                      Worker Initials:

NOTES: