

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

NAME	EMPLOYER NAME	GROSS AMOUNT \$\$	HOW OFTEN PAID

Please list all your Household UNEARNED INCOME. Place Zero's/NA IF you do not receive.

SOURCE	HOUSEHOLD MEMBER	AMOUNT \$\$\$	HOW OFTEN PAID
Social Security:			
SSI-Supplemental Security Income:			
Child Support/Alimony:			
Unemployment/Workman's Comp			
TANF/General Assistance			
Pension/Retirement/VA			
Per Capita Payments			
Foster Care-Kindship Care			

Is anyone in your household Self-Employed?

YES_____ NO_____ (IF yes, please provide your Schedule C tax form.)

Please list all household DEDUCTIONS:

Source:	Household Member	Amount \$\$	How Often Paid
Utility/Shelter Pymt			
Child Care/Support			
Medicare BD Premiums			
Other Medical Expenses Out of Pocket 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.

Name	Relationship	Address	Phone Number

PENALTY WARNINGS:

If your Household receives USDA Foods it must follow the rules below:

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

Please be aware that any individual or household can be disqualified from the FDIPIR program for the following violations.

1. **Failure to pay a claim-** All adult members of the household must be disqualified from participation for failure to pay an active claim.
2. **Food Distribution Program intentional program violations-** Any individual who is found to have committed a FDIPIR intentional program violation (IPV) must be disqualified from participation for a period of 12 months for the first violation, 24 months for the second violation, and permanently for the third violation.
3. **SNAP intentional program violation-** Any individual who has been disqualified for an IPV under SNAP is ineligible for Food Distribution Program benefits until the SNAP disqualification has expired
4. **Tribal, State, or local prosecution for fraud-** Any household or individual that has been convicted of committing fraud under FDIPIR or SNAP by a court must be disqualified for the length of time imposed by the court.

FAIR HAIRINGS:

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 Supervisor 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 on information.

Signature: _____ **Date:** _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and

date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. Mail: Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. Fax: (833) 256-1665 or (202) 690-7442; or

[Http://mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov/](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov) This institution is an equal opportunity provider.”

For Office Use Only:

Date Application Received: _____ **Certification Worker:** _____

NEW APPLICATION: ____ **RE-CERTIFICATION APPLICATION:** ____ **CHANGE IN CIRCUMSTANCE:** ____

FNS (Food Share) Recipient: Y / N **Date verified:** _____ **Workers Initials:** _____

NOTES:

**Application last updated April 2024*