

# HO-CHUNK NATION FOOD DISTRIBUTION APPLICATION

Please complete the application, print, sign and email to  
[Victor.Deluna@ho-chunk.com](mailto:Victor.Deluna@ho-chunk.com) or [Shelena.Brown@ho-chunk.com](mailto:Shelena.Brown@ho-chunk.com)  
Or mail to N6562 Lumberjack Guy Rd. Black River Falls, WI 54615

Food Distribution Program  
715.284.7461 Ext. 35038  
Victor DeLuna, Supervisor-Extension 35037

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE \_\_\_\_\_

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

YES \_\_\_ NO \_\_\_ If Yes—Please list your tribe \_\_\_\_\_

Have you, or a household member, applied for or received SNAP (Food Stamps) last month or this current month? YES \_\_\_ NO \_\_\_ If Yes, please list the county \_\_\_\_\_

1. What is your ethnic category? (select only one)

- \_\_\_\_ Hispanic or Latino  
\_\_\_\_ Not Hispanic or Latino

2. What is your race? (select one or more)

- \_\_\_\_ American Indian or Alaska Native  
\_\_\_\_ Asian  
\_\_\_\_ Black or African American  
\_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_ White

*"This information is required for and used for statistical purposes only and has no effect on eligibility criteria."*

### **DISQUALIFICATIONS:**

*The ITO/State agency must act to disqualify an individual or households from participation for the program violations listed below. Any individual or household whose participation will be ended due to a disqualification must be given advance notice and may request a fair hearing:*

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 Food Distribution Program 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. **Tribal, State, or local prosecution for fraud-** Any household or individual that has been convicted of committing fraud under the Food Distribution Program by a court must be disqualified for the length of time imposed by the court. If the court does not impose a disqualification period, the ITO/State agency must impose the penalty prescribed in paragraph 5720 for an IPV (i.e., 12 months for the first known fraud conviction; 24 months for the second known fraud conviction; and permanently for the third known fraud conviction). The ITO/State agency must not delay collection of a claim while an individual or household suspected of fraud is investigated or is undergoing court procedures. The ITO/State agency may, however, postpone collection of a claim if the prosecutors of the case request such a delay. Unless otherwise instructed by the court, the ITO/State agency must establish a claim for the overissued USDA foods whether or not the court fined or penalized the individual or household. If possible, repayment for USDA foods received fraudulently should be considered at the court hearings.
4. **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. Please note that the SNAP regulations require disqualifications for several program violations other than IPV. If the ITO/State agency determines that a Food Distribution Program applicant has been disqualified under SNAP, the ITO/State agency must determine the reason for the disqualification by contacting the SNAP office or reviewing the SNAP disqualification letter provided to the individual. If the SNAP disqualification was for a violation other than an IPV (e.g., failure to comply with a SNAP work requirement), the individual may participate in the Food Distribution Program if otherwise eligible.

**USDA NON-DISCRIMINATION STATEMENT:**

*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:FNOSCIVILRIGHTSCOMPLAINTS@usda.gov/](mailto:FNOSCIVILRIGHTSCOMPLAINTS@usda.gov) This institution is an equal opportunity provider."

**PENALTY WARNING:**

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

Please list your Household Members (including yourself).

NAME	RELATION TO HOH	DATE OF BIRTH	SOCIAL SECURITY#

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 SS:			
SSDI-SS Disability:			
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			
Child Care/Support			
Medicare BD Premiums			
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.

Name	Relationship	Address	Phone Number

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

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

<b>NOTES:</b>