

CHEYENNE RIVER SIOUX TRIBE
FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS APPLICATION
P.O. BOX 590
EAGLE BUTTE, SD 57625
(605) 964-3326

Instructions: Complete the following information, if you refuse to cooperate/provide verification, your application will be denied. You must provide proof/verification of all income and allowable deductions

Name (Head of Household): _____
Telephone Number (w/Area Code): _____ Household Size: _____
Home Address (Street): _____
City, State, Zip Code, County/District: _____
Mailing Address: _____
Directions To Your Home: _____
Do you reside within the CRST Reservation Boundaries: ☐ Yes ☐ No, if no, your household must contain at least one person who is a member of a Federally recognized tribe.
Tribal Affiliation: _____ (Documentation may be required)

Racial/Ethnic Data Collection: This information is voluntary. If you do not provide this information, it will not affect your eligibility.

What is your Ethnic Category? ☐ Hispanic or Latino or ☐ Non-Hispanic or Latino

Racial/Ethnic Heritage? ☐ American Indian or Alaskan Native ☐ Asian ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American

HOUSEHOLD MEMBERS: Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.) Please provide the Social Security numbers for each member of your household, while not required, it will help us identify your household correctly.

| NAME(S) OF ALL HOUSEHOLD MEMBERS (Last, First, Middle Initial) Please Print | RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, daughter, son, cousin, etc.) | SOCIAL SECURITY # | DATE OF BIRTH |
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Are you or anyone in your household currently receiving food stamps? ☐ Yes ☐ No

If yes, list names: _____

Have you or anyone in your household recently applied for food stamps? ☐ Yes ☐ No

If yes, list names: _____

Have you or anyone in your household been disqualified from the Food Stamp Program for an intentional program violation? ☐ Yes ☐ No

If yes, list names: _____

INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, social security, SSI, TANF, general public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments, from gambling enterprises, work/training allowances, etc. **Verification of income is required for all household members** (pay stub, award letter, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

| HOUSEHOLD MEMBERS | EMPLOYER SOURCE OF INCOME | TYPE OF INCOME (Wages, SSI, TANF, child support, etc.) | GROSS AMOUNT | HOW OFTEN PAID (Monthly, Bi-weekly, Weekly) |
|-------------------|------------------------------|---|-----------------|--|
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SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? ☐ Yes ☐ No If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax for (1040, Schedules, F, C, E, if applicable, or other proof of self-employment costs and income. (Current books showing income and expenses).

| HOUSEHOLD MEMBER | TYPE OF BUSINESS (FARM, RANCH, RENTAL, DAYCARE, ETC.) | OCCUPATION | Self-Employment Primary source? Y/N |
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STUDENTS: Are there any students in your household who receive education grants, scholarships, or loans? ☐ Yes ☐ No if yes, complete the following section. Please provide verification.

| HOUSEHOLD MEMBERS | AMOUNT OF LOAN/GRANT | PERIOD OF TIME FUNDS INTENDED TO COVER | TYPE OF PAYMENT (PELL, LOAN, BIA) | AMOUNT USED TO PAY TUITION/SCHOOL FEES |
|-------------------|----------------------|--|-----------------------------------|--|
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RESOURCES: List resources of all household members, except roomers and boarders. (Attach additional names on a separate sheet).

| HOUSEHOLD MEMBER | CASH ON HAND | CHECKING/SAVING ACCOUNTS | STOCKS, BONDS, CERTIFICATE OF DEPOSIT, OTHER |
|------------------|--------------|--------------------------|--|
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ALLOWABLE DEDUCTIONS: (Please provide verification)

DEPENDENT CARE: Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment Or to attend training or pursue education which is preparatory to employment? ☐ Yes ☐ No If, Yes please provide the information.

Name and Address of person providing care: _____
Amount Paid: \$ _____ How often paid (Weekly, Monthly, Etc.) _____

CHILD SUPPORT: Does anyone in your household pay court ordered child support for a non-household member? ☐ Yes ☐ No If, yes please complete the following Please provide documentation of the amount paid. \$ _____

STANDARD SHELTER/UTILITY EXPENSE: Do any household members pay a monthly shelter or utility expense? ☐ Yes ☐ No If yes, please provide a copy of the expense that is paid monthly

AUTHORIZED REPRESENTATIVE: To authorize someone outside your household to pick up your food complete this section.

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
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FAIR HEARING: If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNING: If your household receives USDA foods, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and /or disqualification from participation in the Food Distribution Program.

- Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Supplemental Nutrition Assistance Program (SNAP) in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
- Do not misuse (e.g., trade or sell) USDA foods.
- Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program.

Failure to pay a claim will cause a household to be disqualified. The period of disqualification will continue until the household has paid the claim.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willingly violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

AUTHORIZATION: I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report within ten (10) calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

Applicant's Signature _____ Date _____

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), disability, age, 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, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, 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 USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider