



Food Distribution

2205 271st Ave., Mahnomen, MN 56557
Hwy. 200 – 13 miles east of Mahnomen
218-935-2233, phone - 218-935-2235, fax

WHO MAY BE ELIGIBLE:

All persons residing within the White Earth Reservation boundaries, as well as any persons enrolled in a federally recognized Indian tribe residing near the reservation boundaries. Enrollment must be verified. Food Distribution is an alternative to SNAP (supplemental nutrition assistance program).

ELIGIBILITY REQUIREMENTS: EFFECTIVE OCTOBER 1, 2019

<u>Household size</u>	<u>Monthly net income</u>
1.....	\$1,208.
2.....	\$1,577.
3.....	\$1,945.
4.....	\$2,324.
5.....	\$2,724.
6.....	\$3,123.
7.....	\$3,491.
8.....	\$3,860.

Each additional member add \$369.

DOCUMENTATION MUST BE VERIFIED FOR ALL HOUSEHOLD MEMBERS WHEN APPLYING FOR USDA FOODS:

- a. ADDRESS – must verify residency
- b. INCOME – most current taxes, check stubs, etc.
- c. SOCIAL SECURITY NUMBERS
- d. TRIBAL ID (if applicable)

DEDUCTIONS:

- 20% deduction for household’s gross earned income
- Actual childcare expenses paid to non-household members
- Legally required child support payments to non-household members, documentation required
- Medicare, Part B (Medical Insurance) and Part D (Prescription Drug Coverage Premiums)
- Medical expense for elderly or disabled who incur out of pocket expense in excess of \$35
- Shelter/utility expense – Households that incur the cost up to \$450

OFFICE HOURS

Mon-Fri 8:00 – 4:30

DISTRIBUTION HOURS

Mon – Thurs 8:00 – 4:00

Over 100 nutritious food items to choose from.

NO DISTRIBUTION FRIDAYS AND THE LAST WORK DAY OF THE MONTH (inventory)

All applications considered without regard to race, color, sex, age, disability, religion, national origin or political belief.

<http://www.fns.usda.gov/fdpir>



White Earth Food Distribution Program

2205 271st Ave.
 Mahnomon, MN 56557
 (218) 935-2233

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

NAME: _____ **ADDRESS:** _____

CITY: _____ **ST:** _____ **ZIP:** _____ **COUNTY:** _____

TOWNSHIP _____ **TELEPHONE NUMBER** _____

Are you or any member of your household enrolled in a federally recognized Indian Tribe? YES / NO

MARITAL STATUS Married _____ Single _____ Widow _____ Divorced _____

MAIDEN NAME _____

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 HH</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

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

<u>Who's Employed</u>	<u>Place of work</u>	<u>Gross Amount (Before Deductions)</u>	<u>How often paid</u>

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			

Child Support / Alimony			
Unemployment / Worker's Comp			
TANF / General Assistance			
Pension / Retirement / VA Benefit			
Per Capita Payments			
Kinship Care / Foster Care			
Other: School Grants, etc.			

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			
Medicare Part B/D premiums			
Other Medical			
Shelter/Utility			

Is anyone in your household self-employed? YES / NO If yes, please provide your Schedule C tax form.

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: _____

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 the benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through 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 Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

For Office Use Only

Date Application Received: _____ Certification Worker: _____

_____ New Application _____ Re-Certification Application

_____ Change in circumstance

Income Verified: YES / NO

Tribal Member/Service Area: YES / NO

SNAP (Food Stamps) Verification: YES /NO

Worker Initials:

Date Verified:

NOTES: