

SOUTHERN CALIFORNIA TRIBAL CHAIRMEN'S ASSN.
 FOOD COMMODITY PROGRAM
 P O BOX 1326
 VALLEY CENTER, CA 92082
 PHONE: (760) 749-5608
 FAX: (760) 749-7700

OFFICIAL USE ONLY:
 DATE REC'D: _____
 CASE NO: _____
 ELIG.MEM: _____

APPLICATION FOR FOOD COMMODITIES

Answer the following questions honestly and completely. If you knowingly refuse to give any needed information, your household (you and the people who live and eat with you) may not be eligible for food distribution.

IMPORTANT: When you are interviewed, please bring proof of all household income, residency (physical address must be stated on it), resource verification, and/or dependent care costs, as noted in this application. Having these items with you will speed up the processing of your application.

NAME _____ Telephone Number _____

Mailing Address _____
 (Street or P O Box)

(City) _____ (State) _____ (Zip Code) _____

Residence Location _____
 (You are required to provide proof of residency, i.e., SDG&E bill, letter from tribal hall, rent receipt, etc)

List each household member, **including you**. All persons who live and eat with you (except roomers and boarders) should be listed as household members. You may be required to provide social security cards for each household member.

You must include the social security number of each member of your household. This will help us to identify your household correctly. These social security numbers may also be used in program reviews or audits to make sure your household is eligible for food distribution. We are authorized to ask this information under Tax Reform Act of 1976.

HOUSEHOLD MEMBERS:

NAME	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

INCOME FROM WORK:

List and fill in all information for each member of household that is employed with a full-time or part-time job. If member has more than one job, list each job separately. We will need at least one recent copy of each member's pay stub(s) or other form of income verification. (Do not include self-employed household members).

HOUSEHOLD MEMBER	NAME OF EMPLOYER	GROSS AMOUNT OF CHECK	HOW OFTEN PAID?
1.			
2.			
3.			
4.			

SELF-EMPLOYMENT INCOME:

Is anyone in your household self-employed? Yes _____ No _____

If yes, please complete a self-employment income sheet. Please bring last year's Federal tax forms for self-employed members of your household. If no such tax forms were filed last year, bring proof of self-employment costs and income.

UNEARNED INCOME – We will need a recent copy of each household member's check or award letter.

<u>Source of Income</u>	<u>Household members who receive this income</u>	<u>Amount of each check or payment</u>	<u>How often received?</u>
Foster Care/KINGAP	1. _____ 2. _____ 3. _____ 4. _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____
TANF (Temporary Assistance For Needy Families)/AFDC (Aid to Families with Dependent Children)	1. _____ 2. _____ 3. _____ 4. _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____
Social Security	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
SSI (Supplemental Security Income)	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
GA (General Assistance)	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
VA (Veteran's Benefits)	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Pensions or Retirement	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Unemployment Benefits	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Workmen's Compensation	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Disability Benefits	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Per Capita	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Revenue Sharing	1. _____ 2. _____	\$ _____ \$ _____	_____ _____

UNEARNED INCOME (continued)

<u>Source of Income</u>	<u>Household members who receive this income</u>	<u>Amount of each check or payment</u>	<u>How often received?</u>
Child Support	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Alimony	1. _____ 2. _____	\$ _____ \$ _____	_____ _____
Money from friends of Relatives (other than loans)	1. _____ 2. _____	\$ _____ \$ _____	_____ _____

DEPENDENT CARE

Does anyone in your household pay someone to baby-sit or care for a child or a disabled adult so that a member can get to work or training, or look for a job? If yes, we will need verification from the provider of this care (payment receipt, letter, etc.)

YES _____ NO _____

If yes, how much do you pay? _____ How often? _____

Who provides this care? Name _____
Address _____
Telephone Number _____

RESOURCES - All households may have up to \$1,750 in resources (such as cash, stocks, bonds, checking and savings accounts). Households with 2 or more persons may have up to \$3,000 if at least one member of the household is 60 years or older. You may be required to verify resources (bank statement copy).

Checking Account? Yes _____ No _____ If yes, Balance? _____
Savings Account? Yes _____ No _____ If yes, Balance? _____
Cash on Hand? \$ _____

Do you, or does anyone in your household, receive Food Stamps or money in lieu of Food Stamps? Yes _____ No _____

Date when you last received Food Stamps? _____ Amount? _____

(Note: The names of household members on this application will be provided to Administrators of the Food Stamp/Public Welfare offices as required by the U. S. Department of Agriculture).

RACIAL-ETHNIC HERITAGE:

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will not affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. (Please circle one)

- American Indian or Alaska Native Hispanic Asian Black or African American
- Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native and White
- Asian and White Black or African American and White
- American Indian or Alaska Native and Black or African American

AUTHORIZED REPRESENTATIVE

You can authorize someone outside your household to get your food distribution commodities for you. If you would like to authorize someone, please write the person's name(s) below:

- 1. _____
 - 2. _____
 - 3. _____
-
-

PENALTY WARNING:

If your household received food distribution, it must follow the rules listed below:

DO NOT give false information or hide information to get, or continue to get, food distribution commodities.

DO NOT trade or sell food distribution commodities.

DO NOT use someone else's food distribution commodities for your household.

I understand the questions on this application. My answers are correct and complete to the best of my knowledge.

I understand that dual participation in both the Food Stamp Program and the Food Commodity Program is illegal.

I understand that I have to provide documents to prove what I said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the office may contact to obtain this necessary proof.

Your signature _____

Today's Date _____

Witness _____
(if you signed with an X)

RIGHT TO REQUEST FAIR HEARING:

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. You may also continue to receive the same level of benefits pending the outcome of the hearing.

Your case may be presented at the hearing by any one you choose.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

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