

COMANCHE NATION FOOD DISTRIBUTION PROGRAM APPLICATION

584 NW Bingo Road Lawton, OK 73502 Phone: (580) 492-3325 Fax (580) 492-3744

This is an online fillable form that can be digitally signed and submitted via E-mail without having to print it out

Instructions: Complete the fol application will be denied. You	lowing i must pi	information. If rovide proof/vei	you refuse ification of	to coope all income	erate/provide and allowable	verification, your deductions.	
Name (Head of Household):					-	• y #	
Telephone Number (include area code): Household Size:							
Home Address (Street, P.O, B	iox):						
City, State, Zip Code,							
Mailing Address (if different from	above):					1. 15h	
Directions To Your Home:						,	
			-				
HOUSEHOLD MEMBERS: Compl							
people who live with you. List your	name iii		arate sneet r NSHIP TO HE		o list additional no	ousenoid members.)	
NAME(S) OF ALL HOUSEHOLD MEMBERS (Last, First, Middle Initial) . Please Print.		OF HOUSEHOLD (self, spouse, daughter, son, cousin etc.)		DATE OF BIRTH	SOCIAL SECURITY NUMBER		
1.							
2.							
3.			_				
4.	···						
5.							
6.							
7. 8.							
8.							
Have you or anyone in your househ have you or anyone in your househ intentional program violation? INCOME (EARNED & UNEARNED TANF, general/public assistance, for Veteran's benefits, per capita paymall household members (pay check statements. Attach a separate sheet	Yes Yes Yes It ist in ster care ents from stubs, av	n disqualified from No. If yes, list na come from all sou e payments, unem n gambling enterp ward letters, etc.).	the Suppler ame(s): urces for eac aployment or orises, work/t Households	h househole worker's coraining allow	d member including the member including the member including the members at its m	rogram (SNAP) for an ng wages, social security, SSI, d support, alimony, pensions, fication of income is required for	
HOUSEHOLD MEMBER		MPLOYER/	TYPE OF IN (Wages, Soci TANF, Child S	al Security,	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly	
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SELF-EMPLOYMENT INCOME: Ar the following section. Payment from considered to be self-employment. applicable, or other proof of self-emp	rental p Please p	roperty, roomers, rovide a copy of l	boarders, fa ast year's Fe	rming, rand deral Incor	thing, and/or oper ne Tax form (104)	ating your own business is 0, Schedules F, C, E, if	
HOUSEHOLD MEMBER	(Farm,	TYPE OF BUSINE Ranch, Rental, Da	_	occ	CUPATION	primary source of income for meeting your living expenses?	

AMOUNT OF LOAN/GRANT FUNDED TO COVER Can, BIA) Related Expenses RESOURCES: List resources for all household members, except roomers and boarders. (Attach additional names on a separate sheet) RESOURCES: List resources for all household members, except roomers and boarders. (Attach additional names on a separate sheet) REPENDENT CARE: Does arryone in your household pay for the care of a child or other dependent when necessary for a household member to accopt or continue employment or to attend training or pursue education which is preparatory to employment?	HOHOMIAL B		PERIOD OF TIME	TYPE OF PAYMENT	Amount Used to pay	
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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 SNAP in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
- 2. Do not trade or sell USDA foods (commodities).
- 3. Do not participate simultaneously in the SNAP and Food Distribution Program.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willing 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: Lauthorize 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 any changes in household size, income and/or resources to the Food Distribution Office within <u>ten days</u> of the date the change becomes known.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex gender identity, religion, reprisal and where applicable, political beliefs, marital status, familial or parental status, sexual orientation or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complain of discrimination, complete the USDA Program Discrimination Complaint Form found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program into ke@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State): found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm. USDA is an equal opportunity provider and employer.

Applicant's Signature	Date	