COMANCHE NATION
FOOD DISTRIBUTION PROGRAM APPLICATION

584 NW Bingo Road
Lawton, OK 73502
Phone: (580) 492-3325
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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 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 (include area code): _____ Household Size: _____

Home Address (Street, P.O, Box): _____

City, State, Zip Code, _____

Mailing Address (if different from above): _____

Directions To Your Home: _____

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.)

NAME(S) OF ALL HOUSEHOLD MEMBERS *(Last, First, Middle Initial)* . **Please Print.**	RELATIONSHIP TO HEAD OF HOUSEHOLD *(self, spouse, daughter, son, cousin etc.)*	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Are you or anyone in your household currently receiving SNAP benefits? ☐ Yes ☐ No If yes, list names: _____

Have you or anyone in your household recently applied for SNAP? ☐ Yes ☐ No If yes, list names: _____

Have you or anyone in your household been disqualified from the Supplemental Nutrition Assistance Program (SNAP) for an intentional program violation? ☐ Yes ☐ No. If yes, list name(s): _____

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 check stubs, award letters, 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 MEMBER	EMPLOYER/ SOURCE OF INCOME	TYPE OF INCOME (Wages, Social Security, TANF, Child Support, etc.)	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly

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 form (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, Day care, etc)	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

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 MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees/Other Related Expenses

RESOURCES: List resources for all household members, except roomers and boarders. (Attach additional names on a separate sheet).

HOUSEHOLD MEMBER	CASH ON HAND	CHECKING/SAVINGS ACCOUNT	STOCKS, BONDS, CERTIFICATES OF DEPOSIT, OTHER

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: 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: Complete the following: Amount Paid: $_____ Amount ordered to pay: $_____ Amount actually paid: $_____

MEDICARE: Does anyone in your household pay Medicare Part B Medical Insurance and/or Part D Prescription Drug Coverage?

☐ **Yes** ☐ **No** If yes, complete the following: Household Member: _____ Amount Paid: $_____

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

NAME(S)	ADDRESS	TELEPHONE NUMBER

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. **What is your ethnic category?** ☐ Hispanic or Latino **or** ☐ Not Hispanic or Latino
2. **What is your race?** ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

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.

1. **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: 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 any changes in household size, income and/or resources to the Food Distribution Office within ten days of the date the change becomes known.

Applicant's Signature_____ **Date** _____

Submit by E-mail