



LUMMI INDIAN BUSINESS COUNCIL

2830 KWINA RD • BELLINGHAM, WASHINGTON 98226-9198 • (360) 384-2366 • FAX (360)384-2342

DEPARTMENT: COMMUNITY SERVICES

What services are you applying for? COMMODITY FOODS , ENERGY ASSISTANCE , OTHER

The following documents will be needed to determine your eligibility for the program you have applied for:

Income Verification for all household members. Example: Pay stub, SSA & SSI award letter, TANF award, Veterans benefits, Unemployment statement, Retirement benefits, Bank statement,

Verification of all Social Security Numbers, Birthdates, and Tribal enrollment cards, for all household members.

All applications are subject to investigation. One Application per Household. Any Application processed FRAUDULENTLY will result in your award voucher being CANCELLED.

The above items are required to determine eligibility for Commodity Foods

Name	Social Security Number	Birthdates
1 _____	____-____-____	____-____-____
Address		Tribal Affiliation
_____		_____
City	State	Zip
_____	_____	_____
Telephone: (____) _____	Do you Own _____ Rent _____ Other _____	Are you over 62 Yes _____ No _____
	Are you Disabled	Yes _____ No _____

List all Household Members.

Name	Social Security Number	Birthdates
2 _____	____-____-____	____-____-____
3 _____	____-____-____	____-____-____
4 _____	____-____-____	____-____-____
5 _____	____-____-____	____-____-____
6 _____	____-____-____	____-____-____
7 _____	____-____-____	____-____-____
8 _____	____-____-____	____-____-____

Do you or any member of your household receive Commodity Foods from another program?
Yes _____ No _____

Do you or any member of your household receive Food Stamps (SNAP) from another program?
Yes _____ No _____: **No dual participation between Commodity Foods and SNAP.**

If yes, when was the last time you or any member of your household received Food Stamps: _____
Resources: Cash \$ _____, Savings \$ _____, Checking \$ _____, Other \$ _____

Earned Income: List all household members' income and provide all verification.

NAME	EMPLOYER	GROSS	HOW OFTEN
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Unearned Income: SSA, SSI, DSHS, GA, Foster Care, Unemployment, Child Support, VA benefits, etc.
NAME SOURCE OF INCOME GROSS HOW OFTEN

Dependant Care: Does anyone in your household pay for child or elder care? Yes ___ No ___
Please provide verification of payment and name and address of care giver.
NAME GROSS HOW OFTEN

PHONE (____) ____ - _____

Authorized Representative: You can authorize someone to pick up your Commodity Foods Package.
Name _____ Address _____ Telephone _____

n 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 benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the 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 Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), 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.

Signature _____ Date: _____