



LUMMI INDIAN BUSINESS COUNCIL

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DEPARTMENT: COMMUNITY SERVICES - 2024

What services are you applying for? COMMODITY FOODS

The following documents for all household members may be needed to determine your eligibility for commodity foods: Example: Pay stub, SSA & SSI award letter, TANF Etc. Tribal enrollment card, social security #'s for all in household, copy of bill or receipt showing you pay bills (Ex. Rent, mortgage, utility, phone, etc.)

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 _____ Social Security Number _____ Date of Birth _____
 _____ - _____ - _____
 Physical Address _____ Tribal Affiliation _____

City _____ State _____ Zip _____ Telephone: () _____

Are any members of your household 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 _____ STOWW _____?

Do you or any member of your household receive Food Stamps (SNAP)? Yes ___ No ___:
If yes, when was the last time you or any member of your household received Food Stamps: _____

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

NAME	EMPLOYER	GROSS	HOW OFTEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Unearned Income - SSA, SSI, DSHS, GA, Foster Care, Unemployment, Child Support, VA benefits, etc. NAME SOURCE OF INCOME GROSSHOW OFTEN

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.)

Authorized Representative - To authorize someone outside of your household to act on your behalf and/or pick up your food, complete this section:

Name Address Phone 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 - Check all that apply? American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 the Supplemental Nutrition Assistance Program (SNAP) in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
2. Do not misuse (e.g., trade or sell) USDA foods.
3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willingly 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 within ten (10) calendar days after the change becomes known the following changes: a change in household size or composition; an increase in gross monthly income of more than \$100; a change in residence/address; when the household no longer incurs a shelter pr utility expense; or a change in the legal obligation to pay child support.

Signature Date:

Non-Discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.