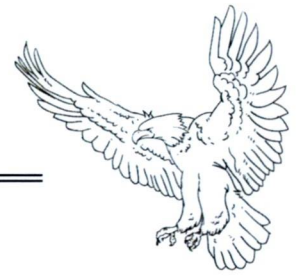




Ponca Tribe FDPIR



222 White Eagle Dr. • Ponca City, Oklahoma 74601
Certification: 580.749.7290 • To Order: 580.749.7291

Attention! We do not have jurisdiction and are not able to certify you if you live within the city limits of Ponca City, Stillwater, Enid and Guthrie!

Clients: The following information is needed to determine your eligibility for the Ponca Tribe FDPIR. Please be aware that we do have income guidelines that we have to adhere to and also a designated area that we can serve. You should not have an application pending with the Supplemental Nutrition Assistance Program (SNAP) and/or you should not have already received benefits with SNAP in the same month that you are making an application with this office. This is Dual Participation and is not allowed.

Certificate of Degree of Indian Blood (CDIB): The Ponca Tribe FDPIR in accordance with the United States Department of Agriculture and Food Nutrition Service does not permit discrimination. However, one of the requirements is that a member of the household be of a federally recognized tribe or a descendant of that tribe and possess a valid CDIB card.

Updated Verification of Income: We need proof of income for the past 30 days. If you receive Social Security or SSI, we'll need to see your award letters. All persons residing in the household over the age of 18 must provide proof of income or documentation of higher education. If unemployed, Collateral Statements of Unemployment are necessary.

Verification of Residence: A current utility bill or proof of basic internet service is necessary. We need the portion of the bill that has the name on it.

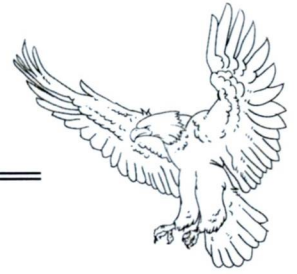
Social Security Cards: Social security cards if you have them.

We have tailgates the first 3 working days of each month at Newkirk (Johnny Ray McCauley gym), at Ft. Oakland (Enterprise Bldg.) and at the Otoe Complex (Cultural Center). These tailgate sites are for your convenience, if you cannot make it to the tailgate sites, our main office will be open thereafter.

"This institution is an equal opportunity provider and employer"



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Name (Head of Household) _____
Address _____
City/State/ Zip _____
Phone _____
E-Mail _____

HOUSEHOLD MEMBERS: List all the members of your household. **List your name first.** (Attach additional names on a separate sheet). **PLEASE PRINT.**

Names of all Household Members <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Date of Birth	Social Security #

Are you or anyone in your household receiving Supplemental Nutrition Assistance Program (SNAP)? 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 for an intentional program violation under the Supplemental Nutrition Assistance Program? Yes No
If yes, list names: _____

INCOME: List all income from all sources for each household member (wages, public assistance, social security, foster care payments, unemployment or workers compensation, child support, SSI, per capita payments from gambling enterprises, etc.) **List gross amount.** (Amount before deductions).

NAMES	HOW OFTEN PAID	SOURCE OF INCOME	GROSS AMOUNT

SELF-EMPLOYMENT INCOME: Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is self-employment. Please provide a copy of last years Federal Income Tax Form (1040, Scheduled F, C and E if applicable) or other of self-employment costs and income.

NAMES	TYPE OF BUSINESS	AMOUNT RECEIVED	HOW OFTEN PAID

Students: Are there any students in your household who receive education grants or loans? Yes No
If yes, complete the following section:

Names	Name of School	Amount	Amt. Used to pay Tuition/ Fees	From Mo. / Yr. To Mo. / Yr.

Allowable Deductions (Please provide verification)

Standard Shelter/Utility Expense: Does anyone in your Household pay monthly, at least one shelter/utility expense?
 Yes No If Yes, the type of shelter/utility expense paid monthly. _____

Dependant Care: Does anyone in your household pay for the care of a child or other dependant when necessary for a household member to accept or continue employment or to attend training or to pursue education which is preparatory to employment? Yes No If yes, provide name and address of the person providing care.

Amount paid: _____ How often: _____

Child Support: Does anyone in your household pay legally required child support for a non-household member? (E.g., court ordered) Yes No If yes, please list amount specifically ordered to pay: \$ _____
Amount actually paid: \$ _____ How often: _____

Medicare: Does anyone in your household pay for Medicare Part B Medical Insurance and/or Part D Prescription Drug Coverage? Yes No. If yes, complete the following: Household Member: _____
Amount Paid for Part B: \$ _____ Amount Paid for Part D: \$ _____

Authorized Representative: To authorize someone outside your household to pick up your food, complete this section. _____

Racial/ Ethnic Data Collection: This information is voluntary. If you do not provide this information, it will not affect your case. **1. What is your ethnic category?** Hispanic or Latino **or** Not Hispanic or Latino
2. What is your race? Choose any of the following. American Indian or Alaska Native. Asian. Black or African American. Native Hawaiian or Other Pacific Islander. White.

Fair Hearing: If you do not agree with any action taken on your household case you or your representative may request a fair hearing in writing or oral. Any person you choose may present your case.

Penalty Warning: If your household receives commodity food 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 with SNAP to obtain Food Distribution Program benefits, which your household is not entitled to.**
- 2. Do not trade or sell commodity food.**
- 3. Do not use someone else's commodity food.**

Intentional Program Violation (I.P.V.) Penalties: Household members determined to have committed an I.P.V. will be ineligible to participate in the 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 I.P.V. may be referred to by the authorities for prosecution.

Certification Statement: I certify 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 understand further 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.

I authorize the Ponca Tribe FDPIR to make any necessary investigation/inquiry to verify the information given.

Applicants Signature: _____ **Date:** _____

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.

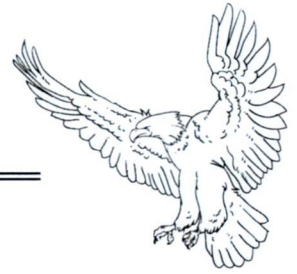
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter 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

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Ponca Tribe FDPIR



222 White Eagle Dr. • Ponca City, Oklahoma 74601
Certification: 580.749.7290 • To Order: 580.749.7291

#1 RESIDENTIAL STATEMENT

This information is needed to determine eligibility with our program. All information will be kept confidential.

Present Address: _____
Mailing Address / Physical Address

City State Zip Code

I, _____ verify that _____
is not part of my household and prepares meals separately.

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Comments: _____

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, audiotape, 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.

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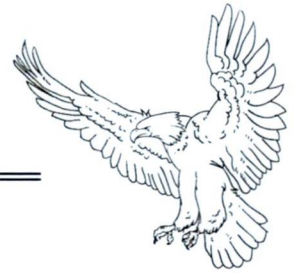
at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written 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:

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#2 RESIDENTIAL STATEMENT

This information is needed to determine eligibility with our program. All information will be kept confidential.

PRESENT ADDRESS: _____
Mailing Address Physical Address

City State Zip Code

I, _____ verify that _____
does not live in my household but does receive mail in my mailbox.

Name: _____

Address: _____

Telephone #: _____

Signature: _____ Date: _____

Comments: _____

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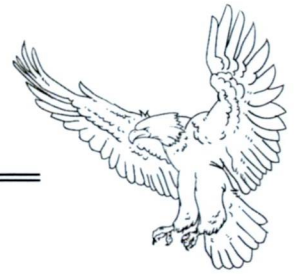
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#3 RESIDENTIAL STATEMENT

This information is needed to determine eligibility with our program. All information will be kept confidential.

Present Address: _____
Mailing Address Physical Address

City State Zip Code

I, _____ verify that _____
does live at the address stated above, and that the utility bills are included in the rent received.

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Comments: _____

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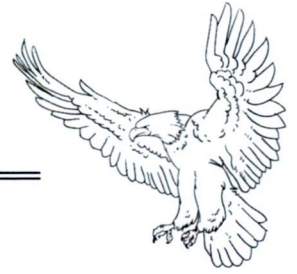
discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

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#4 RESIDENTIAL STATEMENT

This information is needed to determine eligibility with our program. All information will be kept confidential.

Present Address: _____
Mailing Address Physical Address

City State Zip Code

I, _____ verify that _____
lives on the same property but lives in a different dwelling.

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Comments: _____

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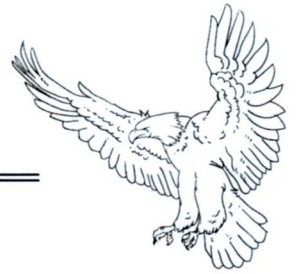
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Client's Name: _____

This form is to be completed by two people who are **not related to you**. They must state that they know the participant is unemployed, sign their name, date it and give their address and telephone number. This form is very important!

Collateral Statements of Unemployment

1. _____

Name Date

Address Telephone

2. _____

Name Date

Address Telephone

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[17Fax2Mail.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:

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