

CASE NO: \_\_\_\_\_

**BAY MILLS INDIAN COMMUNITY**

Food Distribution Program

12497 W. Lakeshore Drive, Brimley, MI 49715

(906) 248-2527, 248-2528, Fax 248-2529

Kristine L. Schwiderson, Program Director

Applications for the Food Distribution Program on Indian Reservations (FDPIR)

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Are you a registered Tribal Member or live in the service area? YES \ NO

Have you or a household member applied for or received SNAP (Food Stamps/Bridge card) last month or this current month? YES \ NO

If yes, list the county \_\_\_\_\_

Please list your household members (including yourself)

NAME	RELATIONSHIP	SOCIAL SECURITY NO.	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your entire household EARNED INCOME/ Income from Work.

EMPLOYER'S NAME	HOUSEHOLD MEMBER	GROSS AMOUNT BEFORE DEDUCTIONS	HOW OFTEN PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all your household UNEARNED INCOME, Place a zero if you do not receive.

SOURCE	HOUSEHOLD MEMBER	TOTAL AMOUNT	HOW OFTEN PAID
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Social Security	_____	_____	_____
Supplemental Security Income –SSI	_____	_____	_____
Child Support/Alimony	_____	_____	_____
Unemployment/ Workmen’s comp	_____	_____	_____
General Assistance	_____	_____	_____
Pension/Retirement VA Benefits	_____	_____	_____
Per Capita Payments	_____	_____	_____
Kinship/Foster Care	_____	_____	_____
Other	_____	_____	_____

Please list all household DEDUCTIONS. Place a zero if you do not pay.

SOURCE	HOUSEHOLD MEMBER	TOTAL AMOUNT	HOW OFTEN PAID
Child Care/ Child Support	_____	_____	_____
Medicare Part B/D premiums	_____	_____	_____
Other Medical	_____	_____	_____
Shelter/Utility	_____	_____	_____

Is anyone in your household self-employed? YES \ NO If yes, please provide your Schedule C tax form.

PROXY/Authorized Representative: You can authorize someone outside your household to pick-up your USDA foods for you.

NAME	RELATIONSHIP	ADDRESS	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PENALTY WARNING**

If you’re household receives USDA foods it must follow the rules below:

- **DO NOT** give false information, or hide information to get or continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trades, sell, or use someone else’s USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (food Stamps) simultaneously. Participation in both SNAP & FDPIR at the same time is prohibited.

**FAIR HEARINGS**

You or your representative may request a fair hearing in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any representative of your choice. If you are in need of free legal representative, please contact the food distribution program director listed on the front page.

I understand the questions and statements of this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office representative a name or organization to contact and obtain the necessary proof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In accordance with Federal 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, religious creed, disability, age political beliefs, or reprisal or retaliation for prior civil rights activity.*

*To file a program complaint of discrimination, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, 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 the 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; or

(2) **fax:** (202) 690-7442; or

(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

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**For Office Use Only**

Date Application Received: \_\_\_\_\_ Certification Worker: \_\_\_\_\_

\_\_\_\_\_ New Application

\_\_\_\_\_ Re-Certification Application

\_\_\_\_\_ Change in circumstance

Income Verified: YES \ NO

Tribal Member/Service Area: YES \ NO

NOTES:

