



Quinault Indian Nation

POST OFFICE BOX 189 □ TAHOLAH, WASHINGTON 98587 □ TELEPHONE (360) 276-8211

For Office Use Only:
Case Number: _____

Head of Household SS# _____
Have you ever received Food Stamps?

Date Received: _____

(Yes) – (No) If Yes, When? _____
Household Size: _____

Application For Food Distribution

Answer the following questions honestly and completely. If you know but refuse on purpose to give any needed information, your household (You and the people who live and eat with you) will not be eligible for Food Distribution.

You may complete this form at home and mail it or bring it to the office, or another member of you household, or an adult who knows you, may complete and return it to us.

IMPORTANT: When you are interviewed, please bring proof of all household income. For example: Pay stubs and award letters for government benefits (such as Social Security). We may also need statements of all household savings, checking accounts and dependent care costs.

Having these items with you could speed up your application.

NAME: _____

TELEPHONE # _____

Where you can be reached

MAIL ADDRESS: _____

CITY STATE ZIP

HOUSEHOLD LOCATION: _____

.....
Your racial - Ethnic Heritage
.....

Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will in no way effect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

.....
Black – not of Hispanic origin Asian or Pacific Islander American Indian or Alaskan Native White – not of Hispanic Origin
.....

Do you live on the Quinault Indian Reservation? (Yes) (No)

Are you an enrolled member of the Quinault Tribe? (Yes) (No)

PLEASE FILL IN LEFT HAND COLUMN ONLY

FOR OFFICE USE ONLY

FILL IN ALL BLANKS FOR EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF, PEOPLE WHO LIVE AND EAT WITH YOU (EXCEPT FOR ROOMERS AND BOARDERS) SHOULD ALSO BE LISTED AS HOUSEHOLD MEMBER.

WE WOULD LIKE YOU TO INCLUDE THE SOCIAL SECURITY NUMBER OF EACH MEMBER OF YOUR HOUSEHOLD WHO HAS ONE, ALTHOUGH YOU ARE NOT REQUIRED TO DO SO. THIS WILL HELP US TO IDENTIFY YOUR HOUSEHOLD CORRECTLY. THESE SOCIAL SECURITY NUMBERS MAY ALSO BE USED IN PROGRAM REVIEWS OR AUDITS TO MAKE SURE YOUR HOUSEHOLD IS ELIGIBLE FOR FOOD DISTRIBUTION. WE ARE AUTHORIZED TO ASK FOR THIS INFORMATION UNDER THE TAX REFORM ACT OF 1976.

NAME (S)	D.O.B.	AGE	SOCIAL SECURITY NUMBER
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			

CHECKED FOOD STAMP LIST FOR DUAL PARTICIPATION: _____

CHECKED TO SEE IF APPLICANT RESIDES ON RESERVATION: _____

CHECKED TRIBAL MEMBERSHIP: _____

RESOURCES (DO NOT ENTER THE VALUE OF EXCLUDED RESOURCES).

CASH ON HAND \$ _____

SAVINGS ACCOUNT \$ _____

CHECKING ACCOUNT \$ _____

STOCKS, BONDS ETC. \$ _____

OTHER \$ _____

TOTAL HOUSEHOLD RESOURCES \$ _____

CIRCLE MAXIMUM RESOURCE LIMIT:

\$1,750.00 \$3,000

ENTER ALL DOCUMENTATIONS OR VERIFICATIONS ON THE DOCUMENTATION SHEET

RESOURCES (FOR EXAMPLE: CASH ON HAND, MONEY IN A SAVINGS OR CHECKING ACCOUNT, STOCKS, BONDS, OR OTHER NEGOTIABLES). LIST ALL RESOURCES OF YOUR HOUSEHOLD.

COMMENTS ON YOUR HOUSEHOLD OR RESOURCES:

PLEASE FILL IN LEFT HAND COLUMN ONLY

EARNED INCOME

SELF EMPLOYED IS ANYONE IN YOUR HOUSEHOLD SELF EMPLOYED?
 YES _____ NO _____ (CHECK ONE)

IF YES, PLEASE COMPLETE THE SELF-EMPLOYMENT INCOME SHEET. PLEASE BRING IN LAST YEAR'S FEDERAL W-2 TAX FORMS FOR ALL SELF-EMPLOYED MEMBERS OF YOUR HOUSEHOLD, OR, IF NO SUCH TAX FORMS WERE FILED LAST YEAR, BRING PROOF OF ALL SELF-EMPLOYMENT INCOME AND COSTS.

WAGES AND SALARIES IS ANYONE IN YOUR HOUSEHOLD EMPLOYED?

FILL IN ALL BLANKS FOR EACH MEMBER WITH A FULL OR PART-TIME JOB. IF A MEMBER HAS MORE THAN ONE JOB, LIST EACH JOB SEPERATELY. INCLUDE MEMBERS WHO RECEIVE INCOME FROM C.E.T.A. OR W.I.N. DO NOT INCLUDE SELF-EMPLOYED HOUSEHOLD MEMBERS.

HOUSEHOLD MEMBER	NAME OF EMPLOYER	CHECK AMOUNT	HOW OFTEN PAID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

EDUCATIONAL GRANTS, SCHOLARSHIPS OR LOANS

SOURCE	AMOUNT OF EACH CHECK	HOW OFTEN RECEIVED

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1. TOTAL GROSS SELF EMPLC
 MENT INCOME:
 \$ _____

2. TOTAL MONTHLY BUSINESS
 COSTS:
 \$ _____

3. SUBTRACT LINE 2 FROM
 LINE 1:
 \$ _____

4. TOTAL MONTHLY GROSS IN-
 COME FROM WAGES AND
 SALARIES:
 \$ _____

5. ADD LINE 3 TO LINE 4:
 \$ _____

6. MULTIPLY LINE 5 BY 20%
 AND ENTER RESULT:
 \$ _____

7. SUBTRACT LINE 6 FROM
 LINE 5:
 \$ _____

EDUCATION

8. ENTER MONTHLY INCOME
 FROM EDUCATIONAL GRANTS,
 ETC., AS CALCULATED:
 \$ _____

9. ENTER MONTHLY TUITION AND
 MANDATORY FEES:
 \$ _____

10. SUBTRACT LINE 9 FROM LINE
 8:
 \$ _____

11. ADD LINE 7 AND LINE 10
 TOGETHER:
 \$ _____

PLEASE FILL IN LEFT COLUMN ONLY

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UNEARNED INCOME

INCOME SOURCE WHO RECEIVES INCOME CHECK AMOUNT HOW OFTEN

AFDC (AID TO FAMILIES WITH 1. _____
2. _____
3. _____

SOCIAL SECURITY (BLUEGREEN CHECK)

1. _____
2. _____
3. _____

SSI (SUPPLEMENTAL SECURITY INCOME) (GOLD CHECK)

1. _____
2. _____
3. _____

GA (GENERAL ASSISTANCE)

1. _____
2. _____
3. _____

VA (VETERANS BENEFITS)

1. _____
2. _____
3. _____

PENSIONS OR RETIREMENT INCOME

1. _____
2. _____
3. _____

EMPLOYMENT OR WORKMANS COMPENSATION

1. _____
2. _____
3. _____

CHILD SUPPORT OR ALIMONY

1. _____
2. _____
3. _____

MONEY FROM FRIENDS OR RELATIVES

(NOT LOANS.) 1. _____
OTHER (SPECIFY) 1. _____

DEPENDENT CARE COST: _____

UNEARNED INCOME

ENTER ALL DOCUMENTATION OR VERIFICATIONS OF EARNED AND UNEARNED INCOME ON THE DOCUMENTATION SUMMARY SHEET

12. TOTAL OF ALL UNEARNED INCOME

\$ _____

13. ADD LINE 11 TO LINE 12

\$ _____

14. ENTER DEPENDENT CARE COSTS (DON'T EXCEED LIMIT

\$ _____

15. SUBTRACT LINE 14 FROM LINE 13

\$ _____

16. NET MONTHLY INCOME

\$ _____

17. HOUSEHOLD SIZE

18. FOOD DISTRIBUTION INCOME LIMIT FOR APPROPRIATE HOUSEHOLD SIZE

PENALTY WARNING:

IF YOUR HOUSEHOLD RECEIVES FOOD DISTRIBUTION, YOU MUST FOLLOW THE RULES LISTED BELOW:

- * DO NOT TRADE OR SELL FOOD DISTRIBUTION COMMODITIES.
- * DO NOT USE SOMEONE ELSE'S FOOD DISTRIBUTION COMMODITIES FOR YOUR HOUSEHOLD.
- * DO NOT GIVE FALSE INFORMATION, OR HIDE INFORMATION, TO GET OR CONTINUE TO GET FOOD DISTRIBUTION.

I UNDERSTAND THE QUESTIONS ON THIS APPLICATION. MY ANSWERS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I MAY HAVE TO PROVIDE DOCUMENTS TO PROVE WHAT I'VE SAID. I AGREE TO DO THIS. IF DOCUMENTS ARE NOT AVAILABLE, I AGREE TO GIVE THE NAME OF A PERSON OR ORGANIZATION THE OFFICE MAY CONTACT TO OBTAIN THE NECESSARY PROOF.

=====
AUTHORIZED REPRESENTATIVE
=====

YOU CAN AUTHORIZE SOMEONE OUTSIDE YOUR HOUSEHOLD TO GET YOUR FOOD DISTRIBUTION COMMODITI FOR YOU. IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, WRITE THE PERSON'S NAME BELOW:

NAME: _____ PHONE _____

ADDRESS: _____
=====

SIGNATURE: _____ TODAY'S DATE _____

WITNESS: _____
(IF YOU SIGNED WITH AN X)

YOU OR YOUR REPRESENTATIVE MAY REQUEST A FAIR HEARING EITHER ORALLY OR IN WRITING IF YOU DISAGREE WITH ANY ACTION TAKEN ON YOUR CASE. YOUR CASE MAY BE PRESENTED AT THE HEARING BY ANY PERSON YOU CHOOSE.

WE WILL CONSIDER THIS APPLICATION WITHOUT REGARD TO RACE, COLOR, SEX, AGE, HANDICAP, RELIGION, NATIONAL ORIGIN, OR POLITICAL BELIEF.

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CASE DISPOSITION

DENIED:
REASON: _____
DATE: _____
EW: _____

APPROVED:
CERT. PERIOD: _____
DATE: _____
EW: _____

PENDING:
REASON: _____
DATE: _____
EW: _____

EXPEDITED SERVICE: YES NO

Date _____

I _____, am applying for U.S.D.A. Food Distribution and have not received or applied for food stamps with D.S.H.S. for the month of _____.

I understand that if the above statement is not correct for myself or any member of my household, that I will be held liable to the U.S. Department of Agriculture for the full cost of the food package, payable in cash, cashier's checks, or money order.

I _____, understand that if the above, if found to be incorrect, that the amount due will be considered as a debt to the Quinault tribe, which can be collected by a with-hold in wage or other action in the TRIBAL COURT.

Head of Household or Authorized Representative

LIABILITY STATEMENT

Date _____

I _____, am applying for U.S.D.A. Food Distribution and have not received or applied for food stamps with D.S.H.S. for the month of _____.

I understand that if the above statement is not correct for myself or any member of my Household, that *I will be held liable* to the U.S. Department of Agriculture for the cost of the full cost of the food package, payable in cash, cashier's checks, or money order.

I _____, understand that if the above, is found to be Incorrect, that the amount due will be considered as a debt to the Quinault Nation, which can be collected by a withhold in wage or other action in the QIN Tribal Court

Head of Household or Authorized Representative

Please note: Any individual who is found to have committed a Food Distribution program violation (IPV) MUST BE DISQUALIFIED from participating for a period of 12 months for the first violation, 24 months for the second violation, and permanently for the third violation.