

**Winnebago Food Distribution Program**  
**100 Industrial Parkway - PO Box 720**  
**Winnebago, Nebraska 68071**  
**402-878-2799 Food@winnebagotribe.com**

**Instructions:** Complete the following information. If you refuse to cooperate/provide verification, your application will be denied. You must provide proof/verification/collateral contacts of all income, household members and allowable deductions.

Name (Head of Household): \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ HH Size: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Directions to your home: \_\_\_\_\_

**Household Members:** Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet to add additional household members.)

Household Members (Last,First,Middle)	Relationship to Head of HH	Date of Birth	Social Security #
1	SELF		
2			
3			
4			
5			
6			
7			

Are you or anyone in your household currently receiving SNAP Benefits?  Yes  No If yes, whom: \_\_\_\_\_

Have you or anyone in your household recently applied for SNAP Benefits?  Yes  No If yes, whom: \_\_\_\_\_

Have you or anyone in your household been disqualified from the SNAP Program for an Intentional Program Violation?  Yes  No  
 If yes, whom: \_\_\_\_\_

**Income (Earned & Unearned):** List all income from all sources for each household member including wages, social security, TANF, General Assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments, work/training allowances, etc. Verification of income is required for all household members (paycheck stubs, award letters, etc.) Households with earned income must provide a full month's of wage statements for the last 30 days. Attach a separate sheet in additional space is needed.

Household Member	Employer/ Source of Income	Type of Income (Wages, SSI, TANF, Child Support, etc.)	Gross Amount	How Often Paid Monthly, Bi Weekly, Weekly

**Self-Employment Income:** Are there any household members who are self-employed?  Yes  No If yes whom: \_\_\_\_\_  
 Payments received from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide your last year's Federal Income Tax forms, if applicable, or other proof of self-employment.

Household Member	Type of Business	Occupation	Is your self employment your primary source of income for meeting your living expenses?

**Students:** Students in your household who receive education grants, scholarships or loans please complete and attach verification.

Household Member	Amount of Loan/Grant	Period of time funding covers	Type of Payment (Pell, Student Loan, BIA Scholarship)	Amount for Tuition and Fees and Other Related Expenses

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**Allowable Deductions: Please provide verification, if any.**

**Standard Shelter/Utility Expense:** Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense?  
 Yes  No If yes, what type of shelter/utility expense paid on a monthly basis: \_\_\_\_\_

**Dependent Care:** Does anyone in your household pay for childcare or other dependent care for a household member to accept or continue employment or to attend training or pursue education which is preparatory to gain employment?  
 Yes  No If yes, name and address of caregiver: \_\_\_\_\_

**Child Support:** Does anyone in your household pay court ordered child support for a non-household member?  Yes  No  
 If yes, please complete the following: Amount Ordered to pay: \$ \_\_\_\_\_ Amount actually paid: \$ \_\_\_\_\_

**Excess Medical Expenses:** Anyone in your household elderly and/or disabled?  Yes  No  
 If yes, please complete the following: Monthly total of medical expenses, excluding special diets: \$ \_\_\_\_\_

**Authorized Representative:** To authorize someone outside from your household to act on your behalf and/or pick up your food, please complete this section.

Authorized Representative	Address	Telephone Number

**Racial/Ethnic Data Collection:** This information is voluntary. If you do not provide this information, your eligibility will not be affected.

- What is your ethnic category?  Hispanic or Latino or  Not Hispanic or Latino  
 What is your race?  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

**Fair Hearing:** If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as legal counsel, a relative, a friend or other spokesperson.

**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 the participation in the Winnebago Food Distribution Program.

- ❖ Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, household size, and/or participation in the Supplemental Nutrition Assistance Program (SNAP) in order to obtain USDA Foods which your household is not entitled to receive.
- ❖ Do not misuse (e.g. trade or sell) USDA Foods.
- ❖ Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and the Winnebago 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 Winnebago 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 Winnebago Food Distribution Program needed to determine/verify my eligibility. I understand that this information will be used only for this purpose of assisting in documenting my eligibility for Winnebago Food Distribution Program benefits. This authorization is good for 12 months from the date of my signature or until revoked by me.

**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 WFD Program rules and provide additional documentation if required. I further understand that I must report within ten (10) calendar days after the date the change becomes known of 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 or utility expense; of a change in the legal obligation to pay child support.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"In 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, audiotope, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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

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(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider."

Application