

**CTUIR FDPIR PROGRAM**  
**TRIBAL COMMODITIES FOOD PROGRAM APPLICATION**  
**PHONE: 458-219-5224**  
**PHONE: 541-969-4500**  
**46678 Tokti Road - Pendleton OR 97801**  
**www.ctuir.org**

**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 (Head of Household): \_\_\_\_\_ County: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Household Size: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Directions To Your Home: \_\_\_\_\_  
 Tribal Membership/Enroll. # \_\_\_\_\_ Live on Reservation  Yes  No

**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 if you need to list additional household members.)

NAME(S) OF ALL HOUSEHOLD MEMBERS <i>(Last, First, Middle Initial) Please Print.</i>	RELATIONSHIP TO HEAD OF HOUSEHOLD <i>(self, spouse, daughter, son, cousin etc.)</i>	DATE OF BIRTH	SOCIAL SECURITY #
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Are you or anyone in your household currently receiving SNAP (Supplemental Nutrition Assistance Program) benefits?**  
 Yes  No If yes, list names: \_\_\_\_\_  
**Have you or anyone in your household recently applied for SNAP benefits?**  Yes  No If yes, list names: \_\_\_\_\_  
**Have you or anyone in your household been disqualified from SNAP for an intentional program violation?**  Yes  No. If yes, list name(s): \_\_\_\_\_

**INCOME (EARNED & UNEARNED):** List income from all sources for each household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments from gambling enterprises, work/training allowances, etc. Verification of income is required for all household members (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	Employer/ SOURCE OF INCOME	TYPE OF INCOME <i>(Wages, Social Security, TANF, Child Support, etc.)</i>	GROSS AMOUNT	HOW OFTEN PAID <i>Monthly, Bi-weekly, Weekly</i>

**SELF-EMPLOYMENT INCOME:** Are there any members in your household who are self-employed?  Yes  No If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses).

HOUSEHOLD MEMBER	TYPE OF BUSINESS <i>(Farm, Ranch, Rental, Day care, etc)</i>	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

**STUDENTS:** Are there any students in your household who receive education grants, scholarships or loans?  Yes  No If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT <i>(Pell Grant, Student Loan, BIA)</i>	Amount Used to pay Tuition/School Fees/Other Rel. Exp.

**ALLOWABLE DEDUCTIONS [Please provide verification]:**

**STANDARD SHELTER/UTILITY EXPENSE:** Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense?  Yes  No If yes, type of shelter/utility expense paid monthly: \_\_\_\_\_

**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.) \_\_\_\_\_

**CHILD SUPPORT:** Does anyone in your household pay court ordered child support for a non-household member?  Yes  No If yes, 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, complete the following: Monthly total of medical expenses, excluding special diets: \$ \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:** To authorize someone outside your household to act on your behalf and/or pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE 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?**  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 a legal counsel, a relative, a friend or other spokesperson. To request a Fair Hearing contact Confederated Tribes of the Umatilla Indian Reservation (CTUIR) at 541-429-7300 or by mail at 46411 Timine Way, Pendleton, OR 97801.

**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 willing 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 or utility expense; or 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, 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 responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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 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:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.