



Seneca Nation of Indians Food Distribution Program

210 Thomas Indian School Drive Ext. Irving NY 14081

Ph: 716.532.1028 / Fax: 716.532.8323

Eligibility Requirements

- **Household must reside within the jurisdictional boundaries of the Seneca Nation.**
- **Households income can not exceed income eligibility standards developed by the USDA.**
- **Households can not participate in the Food Distribution Program (FDPIR) and the Supplemental Nutrition Assistance Program (SNAP) formerly the Food Stamp Program.**

Documents Needed

- **Tribal Membership from a Federally Recognized tribe (to those it pertains too)**
 - For at least one household member
- **Residential Verification**
 - A current utility bill, phone bill or rent receipt with applicants name and residential address.

We are looking for verification of physical address to verify that you live within the Seneca Nation jurisdictional boundaries. Please remember that mailing addresses with a P.O Box does not verify your physical address.

- **Verification of Income**
 - Four (4) recent pay stubs, social security, retirement, unemployment..etc. for ALL household members over the age of 18. Household members 18+ with no income must fill out zero/low income verification form. Self-employed individuals must submit their most recent tax form.
- **Verification of Identity**
 - Copies of social security cards for all household members

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SENECA NATION OF INDIANS
Food Distribution Program Application
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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: _____ Telephone No: _____
 Address (physical): _____
 Mailing Address (if different): _____
 City/State/Zip Code: _____ County: _____ Household size: _____
 Directions to home (delivery): _____

HOUSEHOLD MEMBERS: Complete the following for **each member** of your household. Your household means yourself and the people who live with you. List yourself first. (attach a separate sheet if you need to list additional household members.)

Name(s) of all household members <small>(Last, First, Middle Initial) Please Print</small>	Relationship to Head of Household <small>(self, spouse, daughter, son, cousin, etc.)</small>	Date of Birth	Social Security #
1.			
2.			
3.			
4.			
5.			
6.			

Are you or anyone in your household currently receiving SNAP (formally Food Stamp Program) ? Yes No

Have you or anyone in your household recently applied for SNAP? Yes No List Name(s): _____

Have you or anyone in your household been disqualified from SNAP for an intentional program violation? Yes No
 If yes, list names: _____

Income (Earned & Unearned): List income from all sources for each household member wages, social security, SSI, TANF, general/public assistance, foster care payments, child support, unemployment, work/training allowances, etc. **Verification of income is required for all household member** (pay stubs, award letters, etc.) Households with earned income must provide a full month's (4weeks) wage statements. Attach a separate sheet, if you need to list additional household members.

Household Member	Employer / Source of Income	Type of Income <small>(wages, SS, child support, TANF, etc.)</small>	Net Amount	How Often Paid <small>Weekly, Bi-Weekly, Monthly</small>
1.				
2.				
3.				

Self-Employment Income: Payments from rental property, roomers, farming, ranching, and/or operating a business is considered to be Self-Employment. Please provide a copy of last years Tax form, if applicable or other proof of Self-Employment costs and income.

Name	Type of Business	Amount	How Often Paid <small>Weekly, Bi-Weekly, Monthly</small>
1.			
2.			

Students: Are there any students in your household who receive education grants, scholarships or loans? YES NO if yes, complete and please provide verification.

Household Member	Amount of Loan / Grant	Attending Month/Year TO Month/Year	Type of Payment	Amount used to pay Tuition/School Fees

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

Name (s)	Address	Telephone Number



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RELEASE OF INFORMATION CONSENT FORM

The Seneca Nation of Indians USDA Food Distribution Program is requesting your permission to verify your application and income information with the Erie, Chautauqua and Cattaraugus County SNAP department and/or Social Security Administration. In order to document your application, we are also requesting permission to periodically examine the applicant and any household members listed on the application.

DUAL PARTICIPATION:

No household on the Cattaraugus and Allegany Reservations and surrounding urban areas shall be permitted to participate in the Food Stamps or Food Distribution Program simultaneously.

This information is required by Federal, State and Local Regulations to be maintained by the Food Distribution Program.

STATEMENT: I have read and understand the above statement and give my consent to the conditions described by the SNI USDA Food Distribution Program.

DO YOU CURRENTLY RECEIVE SOCIAL SECURITY INCOME? YES NO

DO YOU CURRENTLY RECEIVE FOOD STAMPS? YES NO

I, _____, residing at _____

Do hereby authorize the Erie, Chautauqua and Cattaraugus County Department of TANF and/ or Social Security Administration to release ALL information concerning the current status and/or benefits of my case.

Applicant Signature: _____ **Date:** _____

Social Security #: _____ - _____ - _____

Application can not be processed without a signature



SENECA NATION OF INDIANS FOOD DISTRIBUTION PROGRAM

210 Thomas Indian School Drive Ext. Irving, NY 14081

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Household ZERO / LOW INCOME

PART 1. COMPLETE EITHER SECTION A OR B:

A. _____ household has had

NO source of income since, _____

Date of last employment: _____

Place of last employment: _____

Reason for leaving: _____

Does the household receive FOOD STAMP (SNAP) Benefits? YES NO

Does the household receive any Unemployment Benefits? Yes NO

B. OUR ONLY SOURCE (S) OF INCOME ARE:

	SOURCE	DATE RECEIVED	AMOUNT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PART 2. COMPLETE ALL SECTIONS

EXPLAIN HOW THE HOUSEHOLD NECESSITIES HAVE BEEN PROVIDED

1. FOOD: _____

2. PERSONAL ITEMS: _____

3. SHELTER: _____

4. UTILITIES / HEATING BILLS: _____

5. TRANSPORTATION: _____

I CERTIFY THAT THE INFORMATION CONTAINED ON THE WORKSHEET IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE FALSE INFORMATION COULD RESULT IN INELIGIBILITY.

Client Signature _____

Food Distribution Program on Indian Reservations (FDPIR)

Written Notice of Beneficiary Rights

Name of Organization: **Seneca Nation Food Distribution Program**

Because FDPIR is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights, Executive Director

Center for Civil Rights Enforcement

1400 Independence Avenue SW

Washington, DC 20250-9410, or by email to program.intake@usda.gov.

This written notice must be given to you before you enroll in FDPIR or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.