

Case No. _____

Date Reviewed _____

L.C.O. FOOD DISTRIBUTION PROGRAM APPLICATION

HH-No.

You may now complete the rest of the application, either here and now, THE CERTIFICATION WORKER WILL BE GLAD TO HELP YOU WITH IT, or you may complete it at home and bring it or mail it to this office. If you cannot fill out the application, another member of your household or an adult who knows you may complete the form and return it to us. Or, the Certification worker will help you with it at the time of the interview.

When you come for the interview, please bring proof of all household income, for example: pay stubs, and award letters for Government benefits (SSI, or Social Security), as well as other types of unearned income such as TANF, GA, veteran's or disability benefits.

Your Name _____ Social Security No. _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ County _____

Do you live within the LCO boundaries? Y N In which community? _____

Please list the members of your household (include yourself)
(Do not list roomers or boarders)

NAME	RELATIONSHIP	DOB	SOCIAL SECURITY NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH A SEPARATE SHEET FOR MORE NAMES

Include the social security number of each family member who has one. This will help us to identify your household correctly. The 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.

2.

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

Source	Household Member	\$ Amount	How often paid
Child Care/Child Support			
Medicare Part B/D Premiums			
Other Medical			
Shelter/Utility			

INCOME FROM WORK

Each member of your household who has a full or part-time job should be listed below. If a member has more than one job, list each job separately. List any member who receives pay from CETA or WIN. DO NOT LIST SELF-EMPLOYED MEMBERS. ATTACH VERIFICATION OF WAGES.

Household Member's Name	Name of Employer or Company	Gross Amount* of each Pay Check	How often paid
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

*State the amount of pay BEFORE deductions such as taxes, retirement, or union dues are taken out.

Is anyone in your household self-employed?

YES _____ NO _____

If yes, please provide your Schedule C tax form.

Have you or anyone in your household received Food Stamps recently?

YES _____ NO _____

Does anyone in your household currently receive Food Stamps?

YES _____ NO _____

If Yes to either question, where did you receive them and when? (explain)

PENALTY WARNING

DUAL PARTICIPATION

Do not accept USDA foods and snap (food stamps) simultaneously. Participation in both snap and food distribution at the same time is prohibited.

INCOME FROM OTHER SOURCES:

Source of income	Household members who receive the income	Amount of each check or payment	How often paid
TANF (Temporary Assistance for Needy Families)	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Social Security Blue/Green Checks	1. _____	\$ _____	_____
SSI (Supplemental Security Income) Gold Checks	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
GA (General Assistance)	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
VA (Veteran's Benefits)	1. _____	\$ _____	_____
Pensions or Retirement Income	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Unemployment or Worker's Compensation	1. _____	\$ _____	_____
Child Support or Alimony	1. _____	\$ _____	_____
Money from friends or relatives (Not Loans)	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
Per Capita Payments (List only if received on a Monthly Basis)	1. _____	\$ _____	_____
	2. _____	\$ _____	_____

4.

Does anyone in your household pay someone to babysit or care for a child or disabled adult, so that a member can get to work or training or look for a job?

YES _____ NO _____

If yes, how much do you pay?

How often?

\$ _____

Hour _____

Day _____

Week _____

6.

Lac Courte Oreilles Food Distribution Program

COMPOSITION OF A HOUSEHOLD FOR APPLICATION PURPOSES. Household means any of the following individuals or group of individuals provided that they are not boarders or residents of the institution and provided that separate household or boarder status shall not be granted to a spouse of a member of the household, or to children under eighteen years of age under the parental control of a member of the household.

PLEASE CHECK THE APPROPRIATE BOX:

An individual living alone

An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from the others.

A group of individuals living together for whom food is customarily purchased in common and for whom meals are prepared together for home consumption.

Signature _____

Date _____

SNAP and FDPIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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, audiotape, 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