Quinault Indian Nation
FDIPIR-Community Resources Program Application
PO Box 189 Taholah, WA 98587 360-276-8211 Ext 8231 or Ext 8232

___ Completed Application

___ Proof of Income

___ Current WA State Photo ID

___ Proof of Enrollment
(Not required if residing on reservation)

(Please request additional Zero Income Form if household is not collecting income)

IMPORTANT: It is the client's responsibility to pick up/drop off the monthly shopping list with the Quinault Community Resources Program in a timely manner. If you are a Tribal Elder/ Disability, please make arrangements for an authorized person as listed in the application for pick up/drop off your shopping list and delivery options.

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Name: _____Date:_____ Household Size: _____
Physical Address: _____
Mailing Address: _____
Home Phone: _____Cell:_____ Email: _____

I would like to authorize _____ to pick up my shopping list and food items. They can be contacted at _____. I would like to authorize: Quinault Community Resource Employees to enter my residence if I am elderly and/or unable to come to the door.
Initial (_____)
Household members:

Name (Last, First, MI)	DOB (00-00-000)	SSN (000-00-0000)	Relationship to Head of Household

Are you or anyone in your household a Quinault Tribal Member? Yes ____ No____
If yes, please list name(s): _____
Are you or anyone in your household currently receiving SNAP benefits? Yes ____ No____
If yes, please list name(s): _____
Have you or anyone in your household recently applied for SNAP benefits? Yes ____ No____
If yes, please list name(s): _____
Have you or anyone in your household been disqualified from SNAP Benefits? Yes ____ No____
If yes, please list name(s): _____

Household Income:
If you are not collecting any income, please disregard this area and fill out the Zero Income form on the following pages. If you answer "Yes" to any of the following, please attach 30 days' worth of income with this application.

1. Are you or someone in your household employed or collecting unearned income such as TANF, unemployment, SSI, or SSA? Yes ☐ No ☐
2. Do you or anyone in your household receive income from self-employment? This includes ownership of your home which is rented to tenant(s), Daycare out of your home/business center, Fishing, Clam Digging Etc. Yes ☐ No ☐
3. Is anyone in the household a college student receiving grants or scholarships? Yes ☐ No ☐

Person with Income:	Sources of Income:	Gross Amount:	List Frequency of Pay (ie) Monthly/ Twice a Month/Bi-Weekly/Weekly:

Allowable Deductions

Shelter/Utility Expenses:
Does anyone in your household incur shelter/utility costs monthly Yes ____ No____
What type of utility/shelter expenses are encountered?
_____

Dependent Care Expenses:
Does anyone in your household pay Childcare Expenses? Yes ____ No____
This would include for someone in your household to continue employment or to pursue education goals.
Daycare: _____ City: _____ Phone: _____
Amount Paid How Often: _____ Weekly: _____ Monthly: _____ Yearly: _____

Child Support Expenses:
Does anyone in your household pay child support for a non-household member?
Yes ____ No____
If so, please provide court order, payment receipts. This can include checks or money order receipts.
Amount Paid How Often: _____ Weekly: _____ Monthly: _____ Yearly: _____

Elderly/Disabled:
Are you or someone in your household an elder? *Ages 60 or above.* Yes ____ No____
Disabled? Yes ____ No____ Do you pay medical costs? Yes ____ No____
Amount Paid How Often: _____Weekly: _____ Monthly: _____ Yearly: _____
Do you have a special diet? Yes ____ No____

Ethnicity: This information is voluntary; it does not determine eligibility.
What is your ethnic category? *Please check all that apply.*
____ Hispanic or Latino
____ Non-Hispanic or Latino
Race:
____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Isander
____ 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 by submitting a letter to the Director of the Quinault Commodities program. If you request a fair hearing your case may be represented by a household member or representative, such as a legal counsel, a relative, friend, or spokesperson.
Penalty Warning: If your household receives USDA foods, you must follow the rules as follows: failure to comply may result in a monetary claim being filed against your household and may disqualify any future issuances.

I.) Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income resources, household size, and/or participation with the Supplemental Nutrition Assistance Program (SNAP) and the Quinault Commodities Program.
2.) Do not misuse (trade/sell) USDA foods.
3.) Do not participate simultaneously in the SNAP and the Quinault Commodities Program.
Intentional Program Violation: If you or any household member knowingly and willingly violates the rules above, it is considered IPV. I ST violation for IPV is ineligible for 12 months, 2nd violation is ineligible for 24 months, and 3n1 violation is permanent and may consist in prosecution.

Authorization: I authorize the Release of Information or forms to the Quinault Commodities Program from individuals. businesses, schools. banks. federal/state/tribal agencies as needed to determine my eligibility for the Quinault Commodities Program.
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 (I0) 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 $ I 00: a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in legal obligation to pay child support.

FDPIR Non-Discrimination Statement

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), religious creed, disability, age, political beliefs, 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 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.

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/ad-3027.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:

1. **mail**:
   Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334
   Alexandria, VA 22314; or
2. **fax**: (833) 256-1665 or (202) 690-7442
3. **email**:
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

_____ ____/____/____

Signature Date