HOOPA FOOD DISTRIBUTION PROGRAM
POST OFFICE BOX 498
HOOPA, CA 95546
(530) 625-4646

AUTHORIZATION FOR RELEASE OF INFORMATION

(Must Be Signed By All Adults in Household)

I/We, _____ , residing at: _____ , Hereby authorize representatives from the Food Distribution Program to verify information required to process my application for services. I authorize full disclosure of information to be provided to the Food Distribution Program.

Such information required may include: Income verification from earned (wages) or unearned wages (such as Social Security, cash aid, ect.), bank accounts including loans, savings and checking accounts, account balances, insurance savings certificates, account information from the Office of Trust Fund Management of the Bureau of Indian Affairs, Tribal Gaming distributions or per capita payments. Any additional information regarding income or resources.

I further authorize any person, partnership, corporation, association, or governmental agency and tribal office processing information on such matters to release any requested information to the Food Distribution Program or authorized representative employed therein.

I understand that the information obtained by the Hoopa Food Distribution Program will be confidential and used for program purposes only. I also acknowledge that the information obtained will be used to determine initial eligibility or continuing eligibility of the above named individual(s) to receive program benefits. This information may also be used to determine statistical information to improve program effectiveness; or for enforcement purposes to determine if any Food Distribution Program regulations have been violated and enforcement proceedings are warranted.

Date	Print Name	Signature	Social Security Number
			- -
			- -
			- -
			- -

DO NOT WRITE BELOW THE DOTTED LINE

Please send us the following information to aid us in processing this application:

_____

_____

_____

_____

_____

The above information may be faxed to (530) 625-4717, or returned by mail to the above address. Please send the information to the attention of _____ , Certifier Date: _____

PERSONAL INFORMATION

Name: _____

Social Security Number: _____ Birth Date: _____

Mailing Address: _____

_____

Telephone:

_____ _____ _____

☐*Home* ☐*Work* ☐*Message/Cell*

Physical Address: Please give directions to your home: _____

_____

YOUR ETHNIC HERITAGE

You are not required to provide this information; however, we request it to help determine compliance with the Federal Civil Rights Law. We are authorized to ask this question under Title IV of the Civil Rights Act. Your answer will not be used to determine your program eligibility.

☐Black ☐Hispanic ☐Asian ☐Pacific Islander
☐American Indian ☐Alaskan Native ☐Caucasian

HOUSEHOLD INFORMATION

Include information on all members who you share food with; please do not forget to list yourself.

	Name	Date of Birth	Social Security #	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

AUTHORIZED REPRESENTATIVES

The person(s) I authorize as my representatives will be allowed to pick up my commodities, and will assume full responsibility for any damages or losses. I have listed my authorized representative(s) below:

1) _____ 2) _____
3) _____ 4) _____
Attach Additional Pages if Necessary.

OFFICE USE ONLY
STAMP HERE

Identification Verified?
☐ Yes ☐ No

AREA: _____
COUNTY: _____

Residence Verified?
☐Provided Adequate Proof of Residency
☐DID NOT Provide Adequ Proof of Residency.

Residency
☐Resides on Reservatior
☐Resides near

Reservation
Tribe: _____
Roll#: _____

Household Information
Household Size: _____
How Many Adults: _____
Zero Income Forms: ___

Authorized Representative(s) listed?
☐Yes ☐No

HOUSEHOLD RESOURCES

1. Has anyone in your household received food stamps this month or last month or have a case pending? Who? _____ Where or what County? _____ Is anyone living in your household self-employed? (This includes working odd jobs for money). If yes, who and how much money is received per month? _____	YES	NO
2. Is anyone in your household employed? (If yes, attach check stubs) Employee Name: Employer: Gross Mo. Income _____ _____ Attach Additional Page if Necessary	YES	NO
3. Does anyone in your household receive educational grants, scholarships or loans? If yes, please attach a copy of the students financial aid award letter from the school of attendance.	YES	NO
4. Does anyone receive TANF? (Temporary Aid to Needy Families) or other County issued aid for providing care to foster children? If yes, please complete the following: Who Receives Income? Check Amount How Often _____ _____	YES	NO
5. Does anyone receive Social Security (Blue-Green check)? Who? _____ How Much? _____	YES	NO
6. Does anyone receive SSI (Supplemental Security Income; Gold Check) Who? _____ How Much? _____	YES	NO
7. Does anyone receive General Assistance? Who? _____ How Much? _____	YES	NO
8. Does anyone receive Veteran's Benefits? Who? _____ How Much? _____	YES	NO
9. Does anyone receive pensions or retirement income? Who? _____ How Much? _____	YES	NO
10. Does anyone receive unemployment, workman's compensation or disability insurance? Who? _____ How Much? _____	YES	NO
11. Does anyone receive child support or alimony? Who? _____ How Much? _____	YES	NO
12. Does anyone receive money from friends and family? Who? _____ How Much? _____	YES	NO
13. Does anyone receive money from **gaming** per-capita payments? Who? _____ How Much? _____	YES	NO
14. Does anyone pay for child care or care for a disabled adult? How much is paid per month? $ ____ Attach verification from care provider	YES	NO
15. Does anyone pay child support?$ _____ mo.	YES	NO

Please attach any award letters and verification for the above questions

DO NOT MARK BELOW THIS LINE – FOR OFFICE USE ONLY

HOUSEHOLD INCOME LIMIT: $ **FOR A HH#**

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☐ Check monthly print out received from Humboldt Co.
No one is receiving Food Stamps.
☐ Called _____
of Social Services/Welfare
Phone #_____
County_____
☐ *No Case History*
☐ *Discontinued as of*_____
☐ *Active Case*

Gross Self Employment
Monthly Income
1 $_____
Monthly Business Costs
2 $_____
Subtract line 1 from line 2
3 $_____
Gross Monthly Wages and Salaries
4 $_____
Add line 3 and 4 enter total
5 $_____
Multiply line 5 by 20% and enter results
6 $_____
Subtract line 6 from line 5
7 $_____
Enter monthly amount of educational funding
8 $_____
Enter monthly tuition/fees
9 $_____
Subtract line 9 from line 8
10 $_____
Add line 7 and line 10
11 $_____
Total unearned income
12 $_____
Add 11 and 12 enter results
13 $_____
Enter deductions for child care costs or child support
14 $_____
Subtract line 14 from line 13

Enter Result on line 15
NET MONTHLY INCOME
15 $ _____

HOUSEHOLD RESOURCES (CONTINUED)

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16. Does anyone have any cash on hand? If yes, Who?_____ How Much?_____	YES	NO	
17. Does anyone have a savings account? If yes, Who?_____ Account balance?_____ Financial Institution _____	YES	NO	Total Value of Cash on Hand? _____
18. Does anyone have a checking account? If yes, Who?_____ Account balance?_____ Financial Institution _____	YES	NO	Resources: $ _____
19. Does anyone have a certificate of deposit, savings certificate, or a savings bond? If yes, Who?_____ Value?_____ Type of Resource? _____	YES	NO	Resource Limit: (Circle) 2000 3000
20. Does anyone have any stocks or bonds? If yes, Who?_____ Value?_____ Type of Resource? _____	YES	NO	
21. Does anyone have any other resource not listed? If yes, Who?_____ Value?_____ Type of Resource? _____	YES	NO	

I have completed this application, and certify that the information entailed in this six page application are true and correct to the best of my ability and knowledge. I understand that it is my responsibility to cooperate and provide any additional information as necessary to determine my eligibility for the Hoopa Food Distribution Program. I have read the Rights and Responsibilities for the Hoopa Food Distribution Program, I understand and agree to the terms contained therein.

Print Name: _____ *Signature:* _____ *Date:* _____

Witness Name: _____ Signature: _____ Date: _____

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CASE DETERMINATION

Does this case qualify for expedited service? YES NO

s this household categorically eligible? YES NO

Application Status:

☐ Approved
Date: _____
Certification Period:
_____
_____
_____
_____
Certifier: _____

☐ Pending
Date: _____
Reasons:
_____
_____
_____
_____
Certifier: _____

☐ Denied
Date: _____
Reasons:
_____
_____
_____
_____
Certifier: _____

Other Notes: _____

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Report Change Form

Use this form to report any of the following changes in your household circumstances:

1. Changes in your total income if the change results in your income being over $ 50.00 per month.
2. Changes in the number of people in your household.
3. Increase in your household's resources.
4. You can also use this form to report changes in the cost of caring for children or disabled adults.

You must report these changes within 10 days of the time you learn of them.

If you purposely hold back information about changes in your household that result in you receiving commodities you are not eligible for, you will owe the program the value of any extra commodities you receive as a result.

If income changes:

You must tell us if the total income received by your household goes up over $50.00 per month.

Name:	Income source	Amount received	How often received

If anyone moves in or out of your home:

Name	Entered or left HH	Birth date	Social Security #

If dependent care cost goes up:

To whom:	New amount:	How often:

Penalty warning:

Do not give false information or hidden information to continue receiving food commodities.

Household's Signature _____ Date _____

Certifier's Signature _____ Date _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability."

... USDA, Director, Office of Civil Rights, 1400 Independence

Zero Income Form

Date: _____

This is to verify that I, _____
(Name of Applicant)

Have no income at this time
By singing this form I certify that the above is true and current to the best of my knowledge.

_____ _____
Signature of Applicant Date