



Quechan Food Distribution
Phone: (760) 572-0740
Email: Commoditiesclerk@gmail.com

***MUST HAVE D.O.B. AND SOCIAL SECURITY CARDS FOR EVERYONE ON APPLICATION AND I.D. FOR ANYONE OVER 18*.**

Complete the following sections with your household's information.

Name: _____

Phone #: _____

Street Address & City/State/Zip: _____

Last, First, & Middle Initial:	Relationship to Applicant:	Date of Birth:	Social Security #:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Income: Earned, Unearned, and Self-Employment

Income (Earned & Unearned): If anyone is receiving any type of income then complete the following section.
 EX: Wages; SSI & SSA; G.A.; Unemployment; Child Support.

Self-employment income: If anyone in your household is self-employed then complete the following section. 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 cost and income.)

Proof of income is required for anyone receiving income.

Household Member:	Employer/Source of Income:	Gross Amount:	How often paid:

Are you or anyone in your household receiving SNAP benefits/EBT/Food stamps? Yes No

If yes, list names: _____

Have you or anyone in your household recently applied for SNAP/EBT/Food Stamp benefits? Yes No

If yes, list names: _____

Have you or anyone in your household been disqualified from the SNAP for an intentional program violation? Yes No

If yes, list names: _____

Authorized Representative: A person who is able to sign paperwork on your behalf or pick up your food box.

1. _____

2. _____

Allowable Deductions: (Please provide verification)

1. **Standard shelter/Utility expense:** Does anyone in our household pay, on a monthly basis, at least one utility expense? Yes No
- If yes, type of utility expense paid monthly: _____
2. **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 educations which is preparatory to employment? Yes No
- If yes, Name and address providing care: _____
Amount/How often paid: _____
3. **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: _____
4. **Excess Medical Expenses:** Is anyone in your home elderly and/or disabled? Yes No
- If yes, what's the monthly total medical expenses', excluding special diets: \$ _____

Are there any students in your household who receive education grants, scholarships, or loans? Yes No

If yes, please fill out the following section and provide verification.

Student Name:	Amount Received:	Period of time funds are intended to cover	Type of Payment	Amount used for tuition:

Racial/Ethnic Data Collection: This information is **voluntary**. If you leave this area blank, 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 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 hearing. You may orally or write up a request for a hearing. Your case can be presented by a household member or representative, such as a legal counsel, relative, friend, or other spokesperson.

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 Food Distribution Program.

1. **Do not** make false or misleading statements, misrepresent, conceal, or withhold information 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 program for a period (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 the Food Distribution benefits. This authorization is good for (12) months from the date signed or until revoked by Director.

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 with (10) calendar days after the change becomes known for the following changes: 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 legal obligation to pay child support.

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Applicant Signature: _____

Date: ____/____/____