Choctaw Nation Food Distribution

3244 Afullota Hina
McAlester, OK 74501
580-642-7682/580-642-7681
580-642-7684/FAX 580-920-7075
mcfood@choctawtnation.com

Current program procedures request that all applicants be processed at one of the food distribution locations. We cannot process any applications without first having a face-to-face interview with you. Please see the back of this letter to find a location nearest to you. Clients are seen on a first come first serve basis.

Please bring all requested information with you on the day you apply. A caseworker will interview you at that time and determine your eligibility. The following documents are needed to determine your eligibility:

CDIB (Certificate of Degree of Indian Blood) Card, Tribal Membership Card or Proof of Tribal Lineage– Your file must contain proof of Tribal lineage for at least one household member.

Social Security Cards – We request you bring Social Security Cards for all household members.

Address Verification – Please bring current proof of your residency with your name and address on it, preferably a utility bill dated within the last 30 days.

Income Verification –**All** income coming into the household must be submitted with your application.
Check Stubs: If you are paid weekly, bring your last four pay stubs. If you are paid bi-monthly or bi-weekly, bring your last two pay stubs and if you are paid monthly bring your last pay stub.
Fixed Income: Please bring verification from the Social Security Office or Department of Human Services verifying amount of Social Security, SSI, TANF, SSP etc.
Unemployment Participants: Any household member 18 years or older that can work and is currently unemployed will need to register with the unemployment office or provide collateral statements from two non-relatives certifying the person in question is unemployed.
Students: Bring copies of your tuition, books and fees as well as verification of any grants or loans received.
Self-Employment: If you are self-employed please bring your most recent tax forms.

DHS Verification – If you have recently applied for or received SNAP (Food Stamps benefits), please bring a termination letter from the Department of Human Services to verify you are no longer receiving them.

Hours of Operation

Monday thru Wednesday	**8:00 a.m.-4:30 p.m.**
Thursday	**9:00 a.m.-5:30 p.m.**
Friday	**8:00 a.m.-4:30 p.m.**

Due to processing time we normally stop taking applications 30 minutes before closing. All Food Distribution Sites will be closed the last two days of the month for inventory as well as on federal and tribal holidays.

******Please note you must live in the service area of the Choctaw Nation Food Distribution Program to qualify for USDA Foods from the Choctaw Nation******

Choctaw Nation Food Distribution

CERTIFICATION OFFICE

Open 8:00 a.m. to 4:00 p.m. - Monday, Tuesday, Wednesday and Friday

Open 9:00 a.m. to 5:00 p.m. - Thursdays

MARKETS

Open 8:30 a.m. to 3:30 p.m. - Monday, Tuesday, Wednesday and Friday

Open 9:30 a.m. to 5:30 p.m. – Thursdays

****Markets will close the last two days of each month for inventory.**

ANTLERS MARKET
400 S.W. "O" ST.
580-298-6443
580-920-7074 **FAX**

BROKEN BOW MARKET
109 CHAHTA ROAD
580-920-7073
580-317-8727 **FAX**

DURANT MARKET
2352 BIG LOTS PKWY
580-924-7773
580-924-8119 **FAX**

MCALESTER MARKET
3244 AFULLOTA HINA
918-420-5716
580-920-7075 **FAX**

POTEAU MARKET
106 B Street
918-649-0431
580-317-8728 **FAX**

ADMIN OFFICE
1-800-522-6170

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (833) 620-1071, 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; or
3. **email:**
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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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 (Head of Household): _____ County: _____

Mailing Address: _____ Household Size: _____

City/State/ZipCode: _____ Telephone No.: _____

Physical Address:

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

NAME(S) OF ALL HOUSEHOLD MEMBERS *(Last, First, Middle Initial)* **Please Print.**	RELATIONSHIP TO HEAD OF HOUSEHOLD *(self, spouse, daughter, son, cousin, etc.)*	DATE OF BIRTH	AGE	SOCIAL SECURITY #
1.				
2.				
3.				
4.				
5.				
6.				
7				
8.				
9.				

Are you or anyone in your household currently receiving SNAP Benefits? ☐ **Yes** ☐ **No** If yes, list names: _____

Have you or anyone in your household recently applied for SNAP Benefits? ☐ **Yes** ☐ **No** If yes, list names: _____

Have you or anyone in your household been disqualified from the SNAP Program for an intentional program violation?
☐ **Yes** ☐ **No.** If yes, list name(s): _____

OFFICE USE ONLY Checked for Dual Participation: *SNAP System Checked:* *DHS Helpdesk:*

INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, socialsecurity, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support,alimony, pensions, Veteran's benefits, per capita payments from gambling enterprises, work/training allowances, etc. Verification of income is required for all household members (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	EMPLOYER/ SOURCE OF INCOME	TYPE OF INCOME (Wages, Social Security, TANF, Child Support, etc.)	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly

SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? ☐ **Yes** ☐ **No** If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax forms or other proof of self-employment costs and income (current books showing income and expenses).

HOUSEHOLD MEMBER	TYPE OF BUSINESS (Farm, Ranch, Rental, Day care, etc)	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

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STUDENTS: Are there any students in your household who receive education grants, scholarships or loans? ☐ **Yes** ☐ **No**
If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan, BIA)	Amount Used To Pay Tuition/School Fees/Other Rel. Exp.

ALLOWABLE DEDUCTIONS [Please provide verification]:

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 education which is preparatoryto employment? ☐ **Yes** ☐ **No** If yes, name and address of person providing care:_____
Amount Paid: $_____How often paid (weekly, monthly, etc.: _____

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: $ _____

EXCESS MEDICAL EXPENSES: Anyone in your household elderly and/or disabled? ☐ **Yes** ☐ **No** If yes, all elderly and /or disabled household members may deduct medical expenses, excluding special diets, in excess of $35 a month. Monthly total of excess medical expenses: $_____

SHELTER/ UTILTIY EXPENSE: Does anyone in your household, pay on a monthly basis, at least one shelter/utility expense?
☐ **Yes** ☐ **No** If yes, type of shelter/utility expense(s) are paid monthly: _____

AUTHORIZED REPRESENTATIVE: To authorize someone outside your household to pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, it will notaffect your eligibility.

1. **Are you Hispanic or Latino? Choose one of the following:** ☐ Yes ***or*** ☐ No
2. **What is your race? Choose any of the following that apply**: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or 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 fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNING: If your household receives USDA food it must follow the rules below. Failure to comply with theserules may result in a monetary claim being filed against the household and /or disqualification from participation in the Food Distribution Program.

1. **Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, 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 food.**
3. **Do not participate simultaneously in the SNAP Program 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 Distribution Program for a period of 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 IPVmay 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 Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

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 (10) 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 $100; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in the legal obligation to pay child support.

Client verified he/she has read and understands his/her rights and responsibilities_____
(Staff Initials)

Applicant's Signature_____**Date**_____

Email Address: _____

Attention: This page must be submitted with your completed application.

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This institution is an equal opportunity provider.