



Yakutat Tlingit Tribe
 Food Distribution Program
 PO Box 387
 City, Alaska 99559

PHONE: (907) 784-3124 FAX: (907) 784-3664

HEAD OF HOUSEHOLD SOCIAL SECURITY
 NUMBER: _____

HAVE YOU APPLIED FOR FOOD STAMPS YES OR NO
 DO YOU RECEIVE FOOD STAMPS NOW YES OR NO

HOW MANY PEOPLE IN YOUR HOUSEHOLD _____

APPLICATION FOR FOOD DISTRIBUTION

ANSWER THE FOLLOWING QUESTIONS HONESTLY AND COMPLETELY. IF YOU KNOW BUT REFUSE TO ANSWER OR GIVE NEEDED INFORMATION, YOUR HOUSEHOLD (MEMBERS WHO PREPARE AND PURCHASE MEALS TOGETHER) WILL NOT BE ELIGIBLE FOR FOOD DISTRIBUTION BENEFITS.

APPLICATIONS CAN BE FILED BY THE APPLICANT OR AN AUTHORIZED REPRESENTATIVE AT THE TRIBAL OFFICE, BY MAIL, OR BY FAX MACHINE.

IMPORTANT: WHEN YOUR HOUSEHOLD IS INTERVIEWED, PLEASE BRING PROOF OF ALL HOUSEHOLD INCOME. FOR EXAMPLE: PAY STUBS, A COPY OF ALL PAYSTUBS OR COPIES OF AWARD LETTERS FROM SOCIAL SECURITY BENEFITS, SUPPLEMENTAL SECURITY INCOME, GA, PA, AND TANF. COMPLETED APPLICATIONS WILL SPEED UP THE REVIEW OF YOUR APPLICATION.

HEAD OF HOUSEHOLD: _____

MAILING ADDRESS: _____
 STREET CITY STATE: ZIP

PO BOX # CITY STATE ZIP

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: _____

HOUSEHOLD LOCATION: _____

HOUSEHOLD RACIAL-ETHNIC HERITAGE:

ALTHOUGH, YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION, YOUR COOPERATION WILL HELP DETERMINE COMPLIANCE WITH THE FEDERAL CIVIL RIGHTS LAW. IN NO INSTANCE WILL THIS INFORMATION BE USED IN CONSIDERING YOUR ELIGIBILITY FOR ASSISTANCE. IF YOU DECLINE TO PROVIDE THIS INFORMATION IT WILL IN NO WAY AFFECT CONSIDERATION OF YOUR APPLICATION. WE ARE AUTHORIZED TO ASK FOR THIS INFORMATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.

BLACK/AFRICAN AMERICAN: _____
 HISPANIC or LATINO: _____
 ASIAN OR PACIFIC ISLANDER: _____
 AMERICAN INDIAN OR ALASKAN NATIVE: _____
 WHITE - NOT OF HISPANIC ORIGIN: _____

FOR OFFICE USE ONLY:	
CASE NUMBER:	_____
DATE RECEIVED:	_____