



Little Shell Tribe of Chippewa Indians of Montana

Food Distribution Program

615 Central Ave. W

Great Falls MT 59404

406-315-2400, ext. 130

Office Hours: 8:00AM – 12PM, 12:30Pm -4:30PM

1. **Complete application in its entirety. Applications not completed will be returned.**
2. **Please report ALL income received within the last 30 days. This includes payroll wages, social security, G.A, disability, etc. Copies of wage stubs or verification letters for all household members. Income reports of over 30 days will not be accepted.**
3. **The “No-Income Statement Forms” must be signed an explanation from all household members 18 years of age and older must be given if they arenot contributing any income.**
4. **One of the following identifications must be provided for each household:**
 - Social Security Cards
 - Birth Certificates
 - Tribal ID
 - Driver’s License**The “Confidential Release Form” must be signed by all household members 18 years and older.**
5. **All Cash on hand, stocks, bonds, money in check and savings accounts must be reported on your application.**
6. **When completed in their entirety, applications will be processed within seven (7) working days. You will receive notification by phone or mail.**

Periodically inter-agency notices are reviewed to identify any dual participation in this program and the SNAP program which is not allowable. The SNAP disqualification list is also periodically reviewed to determine appropriate participation in programs.

***I understand that I have a choice to participate in *either* the SNAP program or the Little Shell Food Distribution Program. I also understand that I have a choice to change from one program to the other, without penalty, by indication in Section C of this form. By indicating this, I may be certified to participate in the program of my choice beginning of next month if I am eligible. I also understand that I cannot participate in both programs during the same month. (Reference to Federal Regulations: 7 CFR 253.7(e)(2) Department of Public Health & Human Services, Food Distribution Program, P.O. Box 8005 Helena, MT 59604)**

Signature