



## Attention Mille Lacs Band Food Distribution Clients

With NEW changes to the eligibility rules, please take note:

- 1) Households are allowed a higher net monthly income, as shown in the guidelines, attached page 7.
- 2) There is a "shelter/utility" deduction that **requires proof of a utility or rent bill.** Please provide a copy with your application.

Once eligibility has been determined, it could take up to (3) three business days to place, process and receive your food order.

### Income verification is required

The client is responsible for income verification, please provide a copy of your paystub, bonus check stub, award letter or bank statement with your application.

### Outer district clients: DI, DII, DIIA, and DIII

For clients who have missed their delivery pick-ups, we will bring your order back to the Mille Lacs Band Food Distribution warehouse where you may pick your order up. **We will hold all undelivered orders until the last two business (2) days of the month; the orders will then be voided out and restocked.** You may order again the following month if you are certified.

Cell Phone: 320-630-3530 or 320-362-4672

Fax: 320-532-3725

Email: **Daniel.Boyd2@hhs.millelacsband-nsn.gov**

Effective date 10-1-25



Mille Lacs Band of Ojibwe
Food Distribution Program
43408 Oodena Dr.
Onamia, MN 56359

(Please Print Clearly)

Application Date:
Head of Household:
Address:
City/State/Zip:
County:
Phone:
Directions to your home:

Do you live on the reservation?
YES or NO

Household members: Print YOUR name first then each household member. Be sure to include date of birth for each household member. We cannot serve anyone located in a town with a population over 10,000 (i.e. Brainerd).

Table with 4 columns: Household member (Last, First, MI), Relationship (to head of household), Dates of Birth, Social Security Number. Includes a row for 'Head of Household'.

If you need additional space, you may use the back of this page or a separate piece of paper.

1. What is your ethnic category? (select only one)

- Hispanic or Latino
Not Hispanic or Latino

2. What is your race? (select one or more)

- American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Dual Participation

If anyone residing in your home is participating in the Food Stamp Program or with any other SNAP your household is ineligible to receive services from the MLB Food Distribution Program.

Are you or anyone in your household currently receiving food stamps? (Please circle) YES or NO

If yes, list the name(s):

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Have you requested to end your Food Stamp participation? (Please circle) YES or NO

If you have requested to end your food stamp participation, please give the date: \_\_\_\_\_

Have you or anyone in your household recently applied for Food Stamps? (Please circle) YES or NO

If yes, list names and dates for each: \_\_\_\_\_

Have you or anyone in your household EVER been disqualified by the Food Stamp Program for IPV (intentional program violation)? (Please circle) YES or NO

If yes, list names and the dates for each: \_\_\_\_\_

Are you receiving assistance from any other SNAP or Food Distribution Program? (Please circle) YES or NO

If yes, list where and when: \_\_\_\_\_

**Financial Reporting:**

Please list all individuals who are receiving income, and the individual's relationship to the head of household.

The following are examples of income to be claimed/listed: (not limited to) Wages, loans, tribal per capita, tribal bonus payments, child support, social security payments, disability payments, VA payments, foster care assistance, pension, unemployment, survivor benefits, etc.

Household member	Relationship (To head of household)	Income Source	Frequency (Monthly, weekly, bi-weekly)
1.	Head of Household		
2.			
3.			
4.			
5.			

If more room is needed continue on the back of this sheet or use a separate piece of paper.

Please list any household members who are 18 years of age or older and do not receive income (these members must complete the attached financial report form). Mark as "N/A" if this does not apply to anyone in your household.

Household member	Relationship (to head of household)

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**Self-employment income:** Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business and are considered self-employed. Please provide a copy of last year's Federal Income Tax form, a copy of your P&L and balance sheet, or other written documentation of self-employment costs and income. Mark as N/A if this does not apply to your household.

Household member (and relationship to head of household)	Type of business	Amount	Frequency (monthly, weekly bi- weekly)

**Students:** Are there any students in your household who receive education grants, scholarships, or loans? If yes complete this section. Mark as "N/A" if this does not apply to your household.

**Dependent care:** Household members are eligible to a dependent care deduction.

(Please circle) YES or NO

If yes, please provide the following

- 1) Dependent's name: \_\_\_\_\_ Amount paid for child care \$ \_\_\_\_\_
- 2) Name and address of agency or individual providing the care:  
\_\_\_\_\_
- 3) Amount due to the agency or individual: \$ \_\_\_\_\_  
Payment schedule (weekly, bi-weekly, monthly) \_\_\_\_\_
- 4) Attach documentation from the childcare facility or individual.  
\_\_\_\_\_

**Authorized Representative**

In the event you or a member of your household are unable to receive your food package, please list another individual or individuals who may receive your food when you are unable to. Please note that the Food Distribution staff cannot sign for your food package and we cannot leave it for you. You or an authorized individual must receive your food package.

If you do not wish to designate anyone, mark as "N/A"

Authorized Individual	Telephone Number

*Please continue onto the next page and carefully review each statement.*

Effective date 10-1-25

Mille Lacs Band of Ojibwe Food Distribution Program  
Financial Report Form  
(One form per person)

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In order to determine eligibility to participate in the Food Distribution Program, each household member 18 years of age or older must provide verification of income for the past 30 days. However if any household member 18 years of age or older does NOT receive income he/she must complete this form.

- 1) Did you receive any financial support (i.e. working for friend, neighbor, borrow, loan) during the last 30 days?  
(Please circle) YES or NO

If yes, please explain the source(s) and the amount(s).

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- 2) Are you currently seeking employment?  
(Circle one) YES or NO
- 3) Have you applied for Public Assistance or General Assistance?  
(Circle one) YES or NO
- 4) If you are residing with others, do you purchase, prepare and eat your food separately?  
(Circle one) YES or NO

**I hereby certify that the information I have provided above accurately represents the total income for myself, as an adult member of this household.**

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature of household member

\_\_\_\_\_  
Date

Effective date 10-1-25

**Instructions:** The following releases of information are for household members who are of legal age. Household members 18 years of age or older must review the statements in this application as well as understand their rights before signing.

**This application cannot be processed without the signatures of all the household members of legal age.**

**Authorization for Release of information addendum**

As a member of the \_\_\_\_\_ Household and as a household member of legal age, I hereby authorize any individual, corporation, society, governmental agency or department, bank or financial institution to disclose to the **Mille Lacs Band of Ojibwe** the following information concerning my affairs. Further, a copy of this document will serve as an original copy when needed. I also hereby authorize the **Mille Lacs Band of Ojibwe**, to share information concerning me with any Federal, State, Local, or Tribal Organization deemed necessary.

**Nondiscrimination**

I understand the Nondiscrimination statement listed on page 11. (Circle one) YES or NO

\_\_\_\_\_  
Head of household's legal name

\_\_\_\_\_  
Head of household's authorization signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member's legal name

\_\_\_\_\_  
Household member's authorization signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member's legal name

\_\_\_\_\_  
Household member's authorization signature

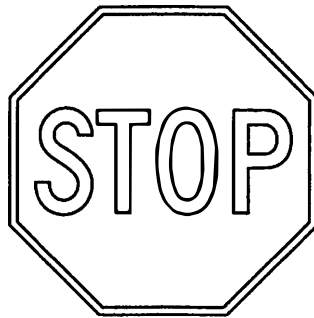
\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member's legal name

\_\_\_\_\_  
Household member's authorization signature

\_\_\_\_\_  
Date

**Each household member of legal age who does not receive any source of income please complete the financial report form.**



Before you submit your application  
**READ THIS PAGE**  
Are you sending us everything we need?

Please use the checklist below to make sure.

<input type="checkbox"/> Did you fill out the entire application?
<input type="checkbox"/> Did you sign the application (page 9)?
<input type="checkbox"/> Did you provide a copy of your Tribal I.D (front and back)?
<input type="checkbox"/> Did all household members provide current verification of income (i.e. social security award letter, VA award letter, child support, pension, disability, etc.?)
<input type="checkbox"/> Did all household members provide their past 30 day earnings statement?
<input type="checkbox"/> Did all self-employed household members provide a copy of their earned income verification?
<input type="checkbox"/> Did each household member 18 or older with no income complete and sign a financial report form?
<input type="checkbox"/> Did you provide verification of your Tribal Per Capita payments?

**FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)**

**FY 2026 NET MONTHLY INCOME STANDARDS**

**Effective October 1, 2025, to September 30, 2026**

The net monthly income standard for each household size is the sum of the applicable Supplemental Nutrition Assistance Program (SNAP) net monthly income standard and the applicable SNAP standard deduction.

**48 Contiguous United States:**

**Use this Amount**

Household Size	SNAP Net Monthly Income Standards		SNAP Standard Deduction		FDPIR Net Monthly Income Standards
<b>1</b>	\$1,305	+	\$209	=	<b>\$1,514</b>
<b>2</b>	\$1,763	+	\$209	=	<b>\$1,972</b>
<b>3</b>	\$2,221	+	\$209	=	<b>\$2,430</b>
<b>4</b>	\$2,680	+	\$223	=	<b>\$2,903</b>
<b>5</b>	\$3,138	+	\$261	=	<b>\$3,399</b>
<b>6</b>	\$3,596	+	\$299	=	<b>\$3,895</b>
<b>7</b>	\$4,055	+	\$299	=	<b>\$4,354</b>
<b>8</b>	\$4,513	+	\$299	=	<b>\$4,812</b>
<b>Each additional member</b>					<b>\$459</b>

**Alaska:**

**Use this Amount**

Household Size	SNAP Net Monthly Income Standards		SNAP Standard Deduction		FDPIR Net Monthly Income Standards
<b>1</b>	\$1,630	+	\$358	=	<b>\$1,988</b>
<b>2</b>	\$2,203	+	\$358	=	<b>\$2,561</b>
<b>3</b>	\$2,776	+	\$358	=	<b>\$3,134</b>
<b>4</b>	\$3,350	+	\$358	=	<b>\$3,708</b>
<b>5</b>	\$3,923	+	\$358	=	<b>\$4,281</b>
<b>6</b>	\$4,496	+	\$374	=	<b>\$4,870</b>
<b>7</b>	\$5,070	+	\$374	=	<b>\$5,444</b>
<b>8</b>	\$5,643	+	\$374	=	<b>\$6,017</b>
<b>Each additional member</b>					<b>\$574</b>

FY 2026 FDPIR INCOME DEDUCTIONS (see 7 CFR 253.6(e))

Effective October 1, 2025, to September 30, 2026

<b>Earned Income Deduction</b>	Households with earned income are allowed a deduction of 20 percent of their earned income.
<b>Dependent Care Deduction</b>	Households that qualify for the dependent care deduction are allowed a deduction of actual dependent care costs paid monthly to a non-household member.
<b>Child Support Deduction</b>	Households that incur the cost of legally required child support to or for a non-household member are allowed a deduction for the amount of monthly child support paid.
<b>Medical Expense Deduction</b>	Households that incur monthly medical expenses by any household member who is elderly or disabled are allowed a deduction in the amount of out-of-pocket medical expenses paid in excess of \$35 per month. Allowable medical expenses are provided at <a href="#">7 CFR 273.9(d)(3)</a> .
<b>Home Care Meal-Related Deduction</b>	<p>Households who furnish the majority of meals for a home care attendant are allowed an income deduction equal to the maximum SNAP benefit for a one-person household. The home care meal-related deduction amounts are as follows:</p> <p>48 Contiguous U.S. States = \$298</p> <p>Alaska by Area Designations</p> <ul style="list-style-type: none"> <li>• Urban = \$385</li> <li>• Rural 1 = \$491</li> <li>• Rural 2 = \$598</li> </ul> <p>See <a href="#">7 CFR 272.7(b)</a> for area designations in Alaska.</p>
<b>Standard Shelter/Utility Expense Deduction</b>	<p>Households that incur at least one monthly shelter or utility expense are allowed a shelter/utility deduction. Allowable shelter/utility expenses are provided at <a href="#">7 CFR 273.9(d)(6)(ii)</a>. Households may choose to receive <b>either</b>:</p> <ol style="list-style-type: none"> <li>1. The Shelter/utility standard deduction, as follows: <ul style="list-style-type: none"> <li>• 48 Contiguous U.S. States = \$744</li> <li>• Alaska = \$1,189</li> </ul> </li> </ol> <p>Or</p> <ol style="list-style-type: none"> <li>2. A deduction of actual shelter/ utility expenses up to 50 percent of net monthly income, with verification of expenses.</li> </ol>

## **Administrative disqualification procedures for intentional program violation.**

(a) ***What is an intentional program violation?*** An intentional program violation is considered to have occurred when a household member knowingly, willingly, and with deceitful intent:

- (1) Makes a false or misleading statement, or misrepresents, conceals, or withholds facts in order to obtain Food Distribution Program benefits which the household is not entitled to receive; or
- (2) Commits any act that violates a Federal statute or regulation relating to the acquisition or use of Food Distribution Program commodities.

### **Prohibition on dual participation. No household shall be allowed to participate simultaneously in the Food Stamp SNAP Program and Food Distribution Program**

Misstatement of income or household size, simultaneous participation in the Food Distribution Program and SNAP, and misuse of USDA foods

### ***NOTIFICATION OF RIGHT TO REQUEST A FAIR HEARING***

A. At the time of application, each household must be informed in writing of the following:

1. The household's right to request a fair hearing in response to an adverse action;
2. The method by which a hearing may be requested;
3. That the household's case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson; and
4. If available, the contact information for an individual or organization that provides free legal representation.

B. The ITO/State agency must also advise the household of its right to a fair hearing any time it takes an adverse action against the household (see paragraph 5163), or any time the household expresses to the ITO/State agency that it disagrees with an action by the ITO/State agency.

### ***Notification of right to request hearing.***

At the time of application, each household shall be informed of its right to a hearing, of the method by which a hearing may be requested, and that its case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson. If there is an individual or organization available which provides free legal representation, the household shall also be informed of the availability of that service. Hearing procedures shall be published by the State agency and made available to any interested party

**Nondiscrimination Statement:**

***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***

***This institution is an equal opportunity provider.***

