SHAWNEE TRIBE

TEMPORARY EMERGENCY FOOD BENEFIT ASSISTANCE

APPLICANT INFORMATION

Applicant Name: _____
First *MI* *Last*

Citizen Enrollment Number: **911U**_____ Birthdate: ____/____/____ Phone: _____
MM DD YYYY

Address: _____
PO Box/Street *City* *ST* *Zip*

PROGRAM REQUIREMENTS

- Complete application form
- Copy of Shawnee Tribe citizen card(s)
- Copy of current Notice of Action or benefit letter with benefit amount

Family Household Information

Household member full name First, Middle, Last)	Date of birth MM/DD/YYYY	Relationship to Applicant	Enrolled Shawnee citizen?	
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐

- ✓ *I attest that the information provided above is correct.*
- ✓ *I understand that only complete applications including all required documents will receive consideration.*
- ✓ *I understand this benefit is awarded on a "first come, first served" basis as funding allows.*
- ✓ *I understand that incomplete applications or applications will be denied.*
- ✓ *I understand that if my application is denied, I can reapply for this benefit.*
- ✓ *I understand that participation in this program constitutes consent for internal and external reviews, audits, and investigations for applicants, vendors, and all other interested parties in accordance with tribal, state, and federal statutes.*
- ✓ *I understand that knowingly providing false information or fraudulent applications may result in criminal prosecution and/ or ineligibility for tribal programs and services.*

_____
Applicant Signature Date