

## FOOD DISTRIBUTION/NUTRITION ASSISTANCE PROGRAM PARTICIPATION

**Family Assistance Administration (FAA)**  
**Food Distribution Program (FDP)**

Date: \_\_\_\_\_  
 Client's Name: \_\_\_\_\_  
 AZTECS Case Number: \_\_\_\_\_  
 HEAPlus Application ID: \_\_\_\_\_

Please complete and return this request **within five (5) work days** from the date of this request.

<i>(List everyone applying for benefits, starting with the primary applicant)</i>  <b>Name (Last, First, M.I.)</b>	<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Relationship to Person 1</b>	FAA: Has this individual applied for or participated in a Nutrition Assistance (NA) Program during the current month?		FDP: Has this individual applied for or participated in a FDP during the current month?	
				<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
1.			SELF				
2.							
3.							
4.							
5.							
6.							
7.							

**A. TO BE COMPLETED BY FDP WORKER**

Is there more than one FDP case for any person listed above?    Yes    No

Name: \_\_\_\_\_

Has anyone applying had an Intentional Program Violation (IPV)?    Yes    No

When yes:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Has anyone applying received the Food Distribution Program in the last 12 months?    Yes    No

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

This information is correct to the best of my knowledge.

Date Completed: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

FDP Representative's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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### B. TO BE COMPLETED BY FAA WORKER

The household is currently receiving benefits: NA \$ \_\_\_\_\_ Approval Period: \_\_\_\_\_

If this individual applied for or received NA benefits, please list the last date of issuance:

Name: \_\_\_\_\_ Last Date of Issuance: \_\_\_\_\_

Name: \_\_\_\_\_ Last Date of Issuance: \_\_\_\_\_

Are there any case participants that are not listed above?      Yes      No

Name: \_\_\_\_\_ Relationship to #1 above: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to #1 above: \_\_\_\_\_

Has anyone applying had an Intentional Program Violation (IPV)?      Yes      No

When yes:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

The information is correct to the best of my knowledge.

Date Completed: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

DBME Tribal Liaison/FAA Representative Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Instructions to Complete the Food Distribution/Nutrition Assistance Program Participation Form

- A. Purpose. To verify if the participants are receiving Nutrition Assistance (NA) or Food Distribution Program (FDP).
- B. Complete table as directed.
- C. Section A is completed by the FDP Representative.
- D. Section B is completed by the DBME Tribal Liaison or FAA Representative.
- E. Routing. ***The ORIGINAL goes to the receiving agency; COPY stays with the requesting agency.***
- F. Retention. Upon return of the original, the copy may be destroyed. The original is retained in the case file until the file is destroyed.

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, audiotope, 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/ad-3027.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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.