



Eastern Band of Cherokee Indians  
**CHEROKEE TRIBAL FOOD DISTRIBUTION PROGRAM**  
 P.O. Box 1123 Cherokee, North Carolina 28719  
 (828) 359-9751



## Application for Emergency Disaster Relief Benefits

Name: \_\_\_\_\_ County: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Household Size: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Household Members:** Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach separate sheet if you need to list additional household members.)

NAMES OF ALL HOUSEHOLD MEMBERS (First, Middle Initial, Last) Please Print	RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, daughter, son, etc.)	DATE OF BIRTH
1.		
2.		
3.		
4.		
5.		
6.		
7.		

1. Are you Hispanic or Latino?  Yes  No
2. What is your race? Choose any of the following that apply:
- American Indian or Alaskan Native     
  Asian     
  Black or African American  
 Native Hawaiian or Other Pacific Islander     
  White

**CERTIFICATION STATEMENT:** I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I am not participating in the SNAP/ EBT program (formerly Food Stamps) or FDPIR (Tribal Foods) at this time, nor do I have an active application being processed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



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**OFFICE USE ONLY:**

Checked for Dual Participation:

Date Called: \_\_\_\_\_ Time: \_\_\_\_\_ Spoke With: \_\_\_\_\_

Notations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**USDA NON-DISCRIMINATION STATEMENT**

Snap and FDPIR State or local agencies, and their sub-recipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights laws and U.S. Dept. of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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](tel:8008778339). Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

(Rev. 04/2020)