

Native Village of Eyak



Native Village of Eyak
 Food Distribution Program
 PO Box 1388
 Cordova, Alaska 99574

PHONE: (907) 424-7738 FAX: (907) 424-7739

HEAD OF HOUSEHOLD SOCIAL SECURITY NUMBER: _____

HAVE YOU APPLIED FOR FOOD STAMPS YES OR NO
 DO YOU RECEIVE FOOD STAMPS NOW YES OR NO

HOW MANY PEOPLE IN YOUR HOUSEHOLD _____

APPLICATION FOR FOOD DISTRIBUTION

ANSWER THE FOLLOWING QUESTIONS HONESTLY AND COMPLETELY. IF YOU KNOW BUT REFUSE TO ANSWER OR GIVE NEEDED INFORMATION, YOUR HOUSEHOLD (MEMBERS WHO PREPARE AND PURCHASE MEALS TOGETHER) WILL NOT BE ELIGIBLE FOR FOOD DISTRIBUTION BENEFITS.

APPLICATIONS CAN BE FILED BY THE APPLICANT OR AN AUTHORIZED REPRESENTATIVE AT THE TRIBAL OFFICE, BY MAIL, OR BY FAX MACHINE.

IMPORTANT: WHEN YOUR HOUSEHOLD IS INTERVIEWED, PLEASE BRING PROOF OF ALL HOUSEHOLD INCOME. FOR EXAMPLE: PAY STUBS, A COPY OF ALL PAYSTUBS OR COPIES OF AWARD LETTERS FROM SOCIAL SECURITY BENEFITS, SUPPLEMENTAL SECURITY INCOME, GA, PA, AND TANF. COMPLETED APPLICATIONS WILL SPEED UP THE REVIEW OF YOUR APPLICATION.

HEAD OF HOUSEHOLD: _____

MAILING ADDRESS: _____
 STREET CITY STATE: AK ZIP

PO BOX # CITY STATE: AK ZIP

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: _____

HOUSEHOLD LOCATION: _____

HOUSEHOLD RACIAL-ETHNIC HERITAGE:

ALTHOUGH, YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION, YOUR COOPERATION WILL HELP DETERMINE COMPLIANCE WITH THE FEDERAL CIVIL RIGHTS LAW. IN NO INSTANCE WILL THIS INFORMATION BE USED IN CONSIDERING YOUR ELIGIBILITY FOR ASSISTANCE. IF YOU DECLINE TO PROVIDE THIS INFORMATION IT WILL IN NO WAY AFFECT CONSIDERATION OF YOUR APPLICATION. WE ARE AUTHORIZED TO ASK FOR THIS INFORMATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.

BLACK/AFRICAN AMERICAN: _____
 HISPANIC or LATINO: _____
 ASIAN OR PACIFIC ISLANDER: _____
 AMERICAN INDIAN OR ALASKAN NATIVE: _____
 WHITE - NOT OF HISPANIC ORIGIN: _____

FOR OFFICE USE ONLY:	
CASE NUMBER:	_____
DATE RECEIVED:	_____

ARE YOU OR ANYONE IN YOUR HOUSEHOLD ENROLLED WITH THE BUREAU OF INDIAN AFFAIRS (BIA) OR AN ALASKA NATIVE REGIONAL CORPORATION OF THE ALASKA NATIVE CLAIMS SETTLEMENT ACT (ANCSA)?

BIA or ANCSA ENROLLMENT NUMBER: _____

_____ ANCSA CORPORATION NAME: _____

(YES OR NO)

DO YOU RESIDE WITHIN THE VILLAGE BOUNDARY? _____ COPY UTILITY/PHONE BILL: _____
 (YES OR NO) (YES OR NO)

FILL IN ALL BLANKS FOR EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF. PEOPLE WHO LIVE AND EAT WITH YOU SHOULD BE LISTED AS HOUSEHOLD MEMBERS. (Do not list roomers and boarders)

ALTHOUGH YOU ARE NOT REQUIRED TO DO SO, WE WOULD LIKE YOU TO INCLUDE THE SOCIAL SECURITY NUMBER OF EACH MEMBER OF YOUR HOUSE-HOLD WHO HAS ONE. THIS WILL HELP US TO IDENTIFY YOUR HOUSEHOLD CORRECTLY. THESE SOCIAL SECURITY NUMBERS MAY ALSO BE USED IN PROGRAM REVIEWS OR AUDITS TO MAKE SURE YOUR HOUSEHOLD IS ELIGIBLE FOR FOOD DISTRIBUTION BENEFITS. WE ARE AUTHORIZED TO ASK FOR THIS INFORMATION UNDER THE TAX REFORM ACT OF 1976.

	<u>NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY #</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____	SELF
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____

Native Village of Eyak OFFICIAL USE ONLY

HOUSEHOLD LOCATED ON OR NEAR VILLAGE BOUNDARY? YES OR NO

HOW WAS LOCATION VERIFIED? _____

FOR ANTHC FDPiR OFFICE USE ONLY

EIS CHECKED FOR THIS APPLICANT'S SNAP/FOOD STAMP STATUS: YES OR NO

WHO CHECKED (INITIAL): _____ DATE: _____

SOA Case #'s: _____ Case # 2: _____

RULES OF UNDERSTANDING: By my initials below I understand and agree to the following eight (8) rules:

- 1) To **report any changes** in residence within 10 days.
- 2) To **report any changes** to my household size within 10 days.
- 3) To **report any changes** in my shelter/utility expenses within 10 days.
- 4) To **report any changes** or increase in gross monthly income over \$100 within 10 days.
- 5) To **report any changes** in a household member's obligation to pay child support within 10 days.
- 6) It is **prohibited** to receive both SNAP (food stamps) or FDPIR benefits within the same month.
- 7) It is **prohibited** to give any false or misleading information to receive food distribution benefits.
- 8) It is **prohibited** to barter/trade or sell my household's food distribution benefits.

Initials: _____

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or a household member knowingly/willingly violate the rules initialized above, it is considered an Intentional Program Violation (IPV). Households who have been found guilty of committing an IPV will be ineligible to participate in both FDPIR and SNAP programs for a period of twelve (12) months for the first violation, 24-months for the second violation and permanently for the third violation; even prosecuted by authorities.

Initials: _____

FAIR HEARING: If you disagree with any action taken on your case, you and/or your representative have the right to request a fair hearing. You may request a fair hearing verbally or in writing. If you request a fair hearing, your case may be presented by a member of your household or representative, such as a legal counsel, a relative, a friend or other spokesperson.

Initials: _____

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department 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. 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, 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) Mail: 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.

This institution is an equal opportunity provider.

Initials: _____

AUTHORIZATION: I authorize the release of any necessary information or forms to ANTHC's Food Distribution Office and *Native Village of Eyak*, from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to verify my eligibility for the Food Distribution Program. I understand that this information will be kept confidential and used only for the purpose of helping to document my eligibility for the Food Distribution Program. This authorization is good for the entire period for which I am deemed certified and eligible to receive food distribution benefits, which could last up to 24 months or until revoked by me in writing.

OPTIONAL (Parents w/Children): By my initials below I authorize the ANTHC Food Distribution Office the permission to share my household information with the State of Alaska, Division of Child & Early Development, Child Nutrition Programs, for the sole purpose of automatically enrolling my child(ren) to participate in and receive free school meals for as long as I am certified for food distribution benefits.

INITIAL YES:	INITIAL NO:
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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 understand that I must comply with program rules and provide additional documentation if required, and that any false or misleading information on this form may be grounds for disqualification and/or claim action. By my initials above I have acknowledged complete understanding of my rights and responsibilities to participate and receive food distribution benefits, and that I am responsible for reporting any changes in my household's size, changes income over \$100 and/or changes to my contact information to the Food Distribution Program Tribal Agency Office, within 10 days of the date the changes become effective.

Applicant or Authorized Representative Signature

Date

Tribal Agency Representative Signature

Date

AUTHORIZED REPRESENTATIVE(S): Person(s) identified outside my household are authorized to pick up my food package

#1 - Name: _____

#1 - Address: _____

#1 - Phone(s): _____

#2 - Name: _____

#2 - Address: _____

#2 - Phone(s): _____

#3 - Name: _____

#3 - Address: _____

#3 - Phone(s): _____

FOOD DISTRIBUTION ELIGIBILITY WORKSHEET

NAME: _____

APPLICABLE FDPIR DEDUCTION(S)

SHELTER/UTILITY	\$	-
MEDICARE PART B & PART D	\$	-
EXPANDED MEDICAL (\$35 MIN.)	\$	-
HOME CARE DEDUCTION	\$	-
LEGALLY REQUIRED CHILD SUPPORT	\$	-
Total Deductions:	\$	-



Age of oldest HH member: _____

INCOME

1. Earned Income

a. Total gross self-employment income:	\$	-
b. Total gross business costs:	\$	-
Total Self-employment income:	\$	-
c. Wages received weekly:	\$	-
d. Wages received bi-weekly:	\$	-
e. Wages received twice monthly:	\$	-
f. Wages received once a month:	\$	-
Total income from wages & salaries:	\$	-
Total monthly gross Earned Income:	\$	-
20% earned income deduction:	\$	-
Net Earned Income:	\$	-

2. Educational Income:

a. Gross monthly income from educational grants, scholarships, etc.	\$	-
b. Monthly tuition and mandatory fees:	\$	-
Total Educational Income:	\$	-

3. Unearned Income

Unearned income includes Social Security Benefits (SSB), Supplemental Security Income (SSI), Pensions/Retirement, VA Benefits, UI, GA, PA, TANF, Child Support, Other - gifts from relatives and friends.

Unearned income in items a, b, c, and d below:

a. Gross income received weekly:	\$	-
b. Gross income received bi-weekly:	\$	-
c. Gross income received twice monthly:	\$	-
d. Gross income received once a month:	\$	-

Total unearned income: \$ -

Total earned, unearned, educational income: \$ -

e. **Total deductions:** \$ -

Net Monthly Income: \$ -

f. Household Size: _____

Net Monthly Income Standards Effective 10/1/2017

HH Size	\$\$\$ limit	Over / (under)
1	\$1,528	
2	\$1,964	
3	\$2,400	
4	\$2,836	
5	\$3,272	
6	\$3,720	
7	\$4,155	
8	\$4,591	

Each additional Member \$ 436.00

Approved

Certification Period _____ **thru** _____

ANTHC CASE DISPOSITION

Date Approved: _____
 HH Categorically Elig: _____ (yes or no)
 Cert. Pending Verif: _____ (Month CPV)
 Expedited Service: _____ (yes or no)
 Name of Certifier: _____

Signature: _____

RESOURCE TEST NO LONGER REQUIRED

As of **September 26, 2013**, the resource test is no longer a requirement. However, bank statements may contain direct deposits of unearned income information (e.g., SS, SSI, SSD, UI, GA, etc.) and may be used to help verify income.

UTILITY/SHELTER, EXPANDED MEDICAL & HOME CARE DEDUCTION(S)

RENT/MORTGAGE RECEIPT?	<u> YES OR NO </u>	STANDARD SHELTER/UTILITY DEDUCTION BASELINE FOR WESTERN REGION (AK, AZ, CA, ID, NV, OR, WA) - \$400 IF YES, ADD BASELINE DEDUCTION: _____
HEAT/ELECTRIC RECEIPT?	<u> YES OR NO </u>	
PHONE RECEIPT?	<u> YES OR NO </u>	

Are you a senior 60 years of age or older? Do you pay out of pocket medical expenses in excess of \$35 a month, not covered by Indian Health Service? YES OR NO **IF YES, TOTAL AMOUNT:** _____

Do you have or pay for a personal care attendant (PCA)? YES OR NO **IF YES, TOTAL AMOUNT:** _____

Do you pay Medicare Part B, Part D, or both premiums? YES OR NO **IF YES, TOTAL AMOUNT:** _____

Answering "**YES**" to any medical question above requires documented verification (e.g., award letters or receipts).

INCOME

1. EARNED INCOME SELF EMPLOYED - Is anyone in your household self-employed? YES OR NO

If yes, please ask for and complete the Self-Employment Income form (FDP004) and bring in the Federal Income Tax forms filed by all self-employed members in your household. If no such tax forms were filed last year, bring proof of all self-employment income and expenses.

Total **gross** self-employment income: _____

Total **gross** business expenses: _____

2. WAGES AND SALARIES: Is anyone in your household employed?

Fill in all blanks for each member with a full or part-time job. If a member has more than one job, list each job separately. Include members who receive income from the Comprehensive Employment & Training Act (CETA). Do not include self-employed household members. Please indicate whether the job is 1. Full Time Permanent-FTP., 2. Full Time Temporary-FTT.

3. Part Time Permanent-PTP., 4. Part Time Temporary-PTT.

If it's a Temporary Job, when will the job end? Date: _____

<u>HOUSEHOLD MEMBER</u>	<u>EMPLOYER</u>	<u>WEEKLY WAGES</u>	<u>HOW OFTEN PAID</u>		<u>MONTHLY WAGES</u>	
			<u>Bi-Weekly WAGES</u>	<u>Twice/month WAGES</u>		
_____	_____	_____	_____	_____	_____	FTP
_____	_____	_____	_____	_____	_____	FTT
_____	_____	_____	_____	_____	_____	PTP
_____	_____	_____	_____	_____	_____	PTT
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
TOTALS:		\$ -	\$ -	\$ -	\$ -	

3. EDUCATIONAL GRANTS, SCHOLARSHIPS

Gross monthly income from educational grants, scholarships: \$ -

Enter monthly tuition and mandatory fees: \$ -

UNEARNED INCOME

HOW OFTEN RECEIVED

<u>Income Source</u>	<u>Who Receives</u>	<u>Monthly</u>	<u>Twice Month</u>	<u>Bi-weekly</u>	<u>Weekly</u>
Social Security Benefits	_____	_____	ATTENTION: Please indicate if anyone in your household is disabled NAME _____ _____ _____		
SSI (Supplemental Security Income)	_____	_____			
Pensions or Retirement Income	_____	_____			
VA (Veterans Benefits)	_____	_____			
Unemployment Insurance	_____	_____	_____	_____	_____
GA (General Assistance)	_____	_____	_____	_____	_____
PA (Public Assistance)	_____	_____	_____	_____	_____
TANF (Temporary Assistance to Needy Families)	_____	_____	_____	_____	_____
Child Support or Alimony	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
TOTALS:		\$ -	\$ -	\$ -	\$ -

DEDUCTIONS: Care for child or other dependents - must be provided by someone outside of the household and necessary for a household member to search for, accept, or continue employment or continue employment or to attend training and pursue education that is preparatory to employment.

1. Dependent Care Costs

<u>Dependent's Name</u>	<u>Provider</u>	<u>Date of Birth</u>	<u>Monthly Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Legally required child support paid to a non-household member:

(Legal obligation and actual payment must be verified)

TOTAL DEDUCTIONS: **\$ -**

FDPO01

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FAIR HEARING: If you disagree with any action taken on your case, you and/or your representative have the right to request a fair hearing. You may request a fair hearing verbally or in writing. If you request a fair hearing, your case may be presented by a member of your household or representative, such as a legal counsel, a relative, a friend or other spokesperson.

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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, 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) Mail: 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.

This institution is an equal opportunity provider.

Initials: _____



Native Village of Eyak
Food Distribution Program
110 Nicholoff Way
PO Box 1388
Cordova, Alaska 99574

Declaration of Miscellaneous Household & Zero Income

Name: _____

Circle one

Do you pay rent or mortgage? Yes No How much? \$ _____

Do you own your home? Yes No

Are you living with anyone not included on your application? Yes No Who? _____

If so, do you purchase, prepare, and eat your food separately? _____

- What was the total income for your household for the past 3 months? _____
- Where do you get money to make your payments? (For Housing, Utilities, etc.) _____
- Are you receiving income from friends and family? _____ How much? _____
- Have you applied for PA or GA? _____

Do you or anyone in your household perform odd jobs, what are they and how much did you make in the last 30 days? (**Provide monthly amount.**)

Fishing \$ _____ Clams \$ _____ House Cleaning \$ _____

Shrimp \$ _____ Crabbing \$ _____ Arts & Crafts \$ _____

Carving \$ _____ Wood Cutting \$ _____ Goeducks \$ _____

Car Repair \$ _____ Yard Work \$ _____ Babysitting \$ _____

Other (Please explain?) _____ Amount \$ _____

Signature: _____ **Date:** _____

This program is an equal opportunity provider.

FDPIR SELF-EMPLOYMENT WORKSHEET

APPENDIX B

1. Farm Income (IRS TAX Schedule F)

a. Line 36 (Net farm profit)				
b. Lines 7a & 7c (Loans)	-			
¹ c. Lines 8b & 8d (Crop insurance proceeds/disaster payments)	-			
d. Line 10 (Federal & state gas or fuel tax credit or refund)	-			
e. Line 16 (Depreciation)	+			
f. TOTAL Farm Income *	=			\$0

2. Business Income (IRS TAX Schedule C)

a. Line 31 (Net profit)				
b. Line 6 (Federal and state gas or fuel tax credit or refund)	-			
c. Line 13 (Depreciation)	+			
d. TOTAL Business Income *	=			\$0

3. Supplemental Income (IRS TAX Schedule E)

² a. Line 3 (Rents received)				
b. Line 19 (Only expenses related to rental income)	-			
c. Line 20 (Depreciation)	+			
d. TOTAL Supplemental Income *	=			\$0

4. Farm Rental Income/Expenses (IRS TAX Form 4835)

Note: Only refer to Form 4835 IF income is reported on Schedule E, line 39)

a. Line 32 (Net farm rental income)				
b. Lines 4a & 4c (Loans)	-			
¹ c. Lines 5b & 5d (Crop insurance proceeds/disaster payments)	-			
d. Line 6 (Federal and state gas or fuel tax credit or refund)	-			
e. Line 12 (Depreciation)	+			
f. TOTAL Farm Rental Income *	=			\$0

5. Other Self-Employment Income (No tax forms submitted)

a. Gross Income				
b. Expenses	-			
c. Depreciation	+			
³ d. Other	+			
e. TOTAL Other Self-Employment Income *	=			\$0

TOTAL SELF-EMPLOYMENT INCOME

(Add lines 1f, 2d, 3d, 4f and 5e. Enter total on Section D, line 1.)

	\$			\$0

Footnotes:

- 1 Crop insurance proceeds are excluded from income if they are paid as a nonrecurring lump-sum payment. If paid in installments, proceeds are counted as income.
- 2 If royalty income is reported on line 4, it should be considered unearned income and averaged over a 12-month period.
- 3 Other unallowable expenses include payments on principal of purchase price of income-producing real estate, capital assets, equipment etc., net losses from previous periods, federal/state/local income taxes, money set aside for retirement purposes, and other work-related personal expenses, such as transportation to and from work.

* If total is a negative amount, enter -0-

SIDE-BY-SIDE COMPARISON OF ALASKA

Supplemental Nutrition Assistance Program (food stamps) and FDPPIR "NET" Income Guideline Limits

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) - formally called Food Stamp Program**		FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPPIR)**		FDPPIR Income Eligibility Limit Over & Above SNAP Income Limit		New Standard Shelter & Utility Deduction: \$400***	FDPPIR 'Income Eligibility' safety net limit increased with a qualifying Shelter/Utility deduction to:
Effective 10/1/17 through 9/30/18							
Household Size	Alaska NET Income Limit	Household Size	Alaska NET Income Limit	HH Size	Amt	Qualifying HH's with a rent, utility, or phone receipt in their name	
1	\$1,255	1	\$1,528	1	\$273	\$400.00	\$1,928.00
2	\$1,691	2	\$1,964	2	\$273	\$400.00	\$2,364.00
3	\$2,127	3	\$2,400	3	\$273	\$400.00	\$2,800.00
4	\$2,563	4	\$2,836	4	\$273	\$400.00	\$3,236.00
5	\$2,999	5	\$3,272	5	\$273	\$400.00	\$3,672.00
6	\$3,435	6	\$3,720	6	\$285	\$400.00	\$4,120.00
7	\$3,870	7	\$4,155	7	\$285	\$400.00	\$4,555.00
8	\$4,306	8	\$4,591	8	\$285	\$400.00	\$4,991.00
9	\$4,742	9	\$5,025	9	\$283	\$400.00	\$5,425.00
10	\$5,178	10	\$5,459	10	\$281	\$400.00	\$5,859.00
Each additional	\$436.00	Each additional	\$436.00				

*<http://dhss.alaska.gov/dpa/Pages/stamps/default.aspx> (Formally known as the Food Stamp Program)

**<https://ns-prod.azureedge.net/sites/default/files/fdpir/exhibit-m-net-monthly-income-standard.pdf>

***Be advised that although FDPPIR is an alternative to SNAP that SNAP has its own Shelter/Utility deduction which it applies. Contact the State of Alaska Division of Public Assistance online for more information at: <http://dhss.alaska.gov/dpa/Pages/stamps/default.aspx>. This side-by-side analysis is for comparison purposes only. It shows the new and exciting income eligibility possibilities now that FDPPIR has been afforded its own Shelter/Utility deduction standard, in parity with SNAP (effective September 26, 2013), which broadens the nutritional assistance safety net in communities where participating FDPPIR tribal agencies happen to operate. Now families that were once ineligible for both SNAP and FDPPIR have a greater chance of receiving FDPPIR benefits. However, there are two other new rule changes that are just as exciting to learn about. Contact a local Alaska FDPPIR tribal agency near you for further details by going online to: <http://anthc.org/what-we-do/traditional-foods-and-nutrition/food-distribution-program-on-indian-reservations>.