



# LOUDEN TRIBE

## FOOD DISTRIBUTION PROGRAM

### APPLICATION

The purpose of this program is to provide assistance to families in Galena to promote healthy living in the community through the monthly distribution of fresh produce and meat boxes to households for the health and general welfare of our residents.

The Louden Tribe received funds through the USDA based on the population of Galena and will provide assistance to families until all funds are expended.

THIS APPLICATION MUST BE COMPLETED AND APPROVED IN ORDER TO QUALIFY FOR ASSISTANCE. PLEASE CONTACT THE OFFICE IF YOU HAVE QUESTIONS ABOUT THIS PROGRAM AT 907-656-1711.

MORE INFORMATION ON DISTRIBUTIONS WILL BE PROVIDED TO APPLICANTS BEFORE THE START OF THE PROGRAM.

**QUALIFICATIONS: MUST BE A RESIDENT OF GALENA (ONE APPLICATION PER HOUSEHOLD)**

<b>Date:</b>	
<b>First Name:</b>	
<b>Last Name:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

1. Are you an Elder over the age of 60, applying for food distribution assistance?

\_\_\_\_\_ Yes: If so, do you need assistance with food pick up from the airport? \_\_\_\_\_

\_\_\_\_\_ No

2. If "No" on Question 1, do you have the *ability/means* to pick up monthly food boxes from the airport?

\_\_\_\_\_ Yes

\_\_\_\_\_ No: Please explain \_\_\_\_\_

3. In the event that you are unable to pick up or out of town, do you have an alternative person who you authorize to pick up/receive your food box?

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

Phone Number: \_\_\_\_\_

<b>Household Members Requesting Food Assistance</b>		
<i>Please provide the following information for each family member.</i>		
<b>Name</b>	<b>Relationship (Spouse/Child)</b>	<b>Date of Birth</b>
	<b>Self</b>	

I understand that this program is temporary and will end when funding is expended. If at any time I wish to stop receiving assistance or move out of Galena, I will notify the Loudon Tribe.

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

Date: \_\_\_\_\_