



ITC FOOD DISTRIBUTION PROGRAM

Verification Of Unemployment

This form is to be completed by 2 adults (at least 18 years of age) who are not related to anyone living in the household. The adult signing this statement cannot be a member of the household applying for benefits. Any attempts of signing a name for someone else could be considered providing false information and can result in the loss of benefits. If you have any questions concerning this form, please call the ITC Food Distribution Program at 918-542-3443.

I personally know _____. I can verify that he/she is presently unemployed. This individual is not employed by any company, firm, or individual. They are not self-employed. They do not make any financial contributions to the household.

I understand that I may be contacted by Inter-Tribal Council Food Distribution Program personnel to verify this information. I also may be asked to provide additional information concerning this household.

Signature Of 1st Adult

Signature Of 2nd Adult

Printed Name Of 1st Adult

Printed Name Of 2nd Adult

Daytime Phone Number

Daytime Phone Number

Street Number

Street Number

City, State

City, State

Date

Date

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.