



Monacan Indian Nation Food Bank Out of Service Area Food Assistance Program Application

This program is designed to help low income Monacan Citizens that live outside of the service area and are unable to travel to the food bank for help. The service area will be defined as anyone outside of the 50-mile radius from the Monacan Tribal Hall. We will provide families that meet all of the requirements with monthly food from their local Walmart or grocery store for six months at a time. After six month you must reapply for the program. All food items will be the same based on family size and dietary needs. It will be up to you to provide us with either a local Walmart or grocery store that have online ordering with pick up or delivery options. Applicant will be responsible for pick up. Please be aware this program will only be offered if the funds are available.

Please provide the following information:

- Completed and Signed Application
- A copy of your tribal card
- Verification of address (one of the following)
 - Utility bill
 - Cell phone bill
 - Lease agreement
- Income Verification (one of the following)
 - The last 2 bank statements
 - The last 2 paystubs
- Proxy Identification (one of the following)
 - Tribal Card
 - Driver's License
 - State Issued ID

If you have any questions please contact us directly at 434-207-2161 or monacanfoodbank.com

Please submit application and all needed information to:

monacanfoodbank@aol.com

Or

Monacan Indian Nation Cultural Foundation – Food Bank
PO Box 1136
Madison Heights, VA 24572

**Monacan Indian Nation Food Bank
Out of Service Area Food Assistance Program
Application**

Name DOB Tribal #

Street Address City State Zip

Home Phone # Cell # Email

List ALL household members: Please use separate paper if more space is needed

Name	DOB	Sex	Relationship	Monacan Tribal # If applicable	Veteran/ Disabled	Monthly Income	Source of Income

Does anyone living in the household receive? Monthly Household Income: _____

Medicaid	Yes	No
Medicare	Yes	No
Food Stamps	Yes	No

Would you like to elect a proxy? If yes please provide a name and a copy of their identification.

Proxy Name Address Phone #

Does anyone in the household have any special dietary needs or food allergies? Yes No

If yes, please list:

Local Walmart or grocery store (must have online ordering, pickup and delivery option)

Name of Store Phone #

Address

I _____, understand and accept the guidelines set forth for this program and all information I provided is true and accurate to the best of my knowledge.

Applicant Signature *Date*

Office Use Only

Verified by: _____ Date Verified: _____

Program Start Date: _____ Program Renewal Date: _____

Completed Application: Yes No

Tribal #: Yes No

Income: Yes No

Proxy ID: Yes No