



Bad River Social and Family Services

OUR MISSION STATEMENT

To provide services, referrals, and program support that promote self-sufficiency, family unity through our cultural teachings, economic stability, and wellbeing to eligible families in our service area.

FOOD SHELF APPLICATION

BASIC GUIDELINES INCLUDE

- A. Must live within Ashland County is eligible to receive assistance from the food shelf.
- B. An individual may utilize the food shelf up to one time per month.
- C. The amount of food provided is based on the size of the household.
- D. Recipients will receive up to a three-day supply of food.
- E. Items must be picked up in person at the Bad River Community Center.
- F. Applicants need to complete a new application before being served each time.
- G. Documentation is needed to verify identity, residency, and income (see list below).
- H. Information is required for each member of the household each time.
- I. We reserve the right to refuse service to any clients who are unruly or appear to be under the influence of drugs or alcohol.

ACCEPTABLE FORMS INCLUDE (*Check and attach copies*)

- Approved Forms of Identification:
 - Driver's license
 - State issued ID
 - Tribal ID
 - Military ID
 - Immunization record
 - Birth certificate
 - Passport
 - Medical/insurance card

- Approved Forms of Residency:
 - First-class mail
 - Driver's license
 - Rent receipt
 - Lease agreement
 - Utility bill
 - Medical bill
 - Bank statement

- Approved Forms of Income:
 - Pay stub
 - Benefit statement

CONTACT INFORMATION

Social Services Administrative Assistant
(715) 682-7127 Extension 1400
sfsreception@badriver-nsn.gov
72772 Elm Street Odanah, WI 54861



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Full Name: _____
Last *First* *M.I.*

Address: _____
Physical Address *Apartment/Unit #*

City *State* *ZIP Code*

Mailing Address, if different

City *State* *ZIP Code*

DOB: _____ SS#: _____

Phone: _____ Type: Home Cellular Work

Are you a tribal member? Yes No Tribal ID: _____

Do you participate in any tribal programming? Yes No

If yes, please list program(s): _____

What is your living arrangement:

Head of Household Homeless Living with another individual

Other, please explain: _____

List all other household members:

Name	Age	Relationship



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Check all sources of unearned income:

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> FoodShare Benefits | <input type="checkbox"/> WIC/SNAP |
| <input type="checkbox"/> TANF Benefits | <input type="checkbox"/> General Assistance Benefits |
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Kinship and/or Foster Care Benefits |

Check all sources of earned income:

- | | |
|---|------------------|
| <input type="checkbox"/> Wages | Amount: \$ _____ |
| <input type="checkbox"/> Social Security/Survivor/Disability Benefits | Amount: \$ _____ |
| <input type="checkbox"/> Unemployment Benefits | Amount: \$ _____ |
| <input type="checkbox"/> Veteran's Benefits | Amount: \$ _____ |
| <input type="checkbox"/> Worker's Compensation Benefits | Amount: \$ _____ |
| <input type="checkbox"/> Retirement Benefits | Amount: \$ _____ |

Please list any specific items needed:

Please describe any barriers that you are experiencing:



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I understand that:

- By signing this “Food Shelf Application,” I certify that the information provided is true and correct. Any information obtained will be kept confidential and used only for the purpose of determining eligibility and/or providing services.

Applicant Signature

Date

FOR OFFICE USE ONLY

Date Received:	Staff Initials:
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