



**California Indian Manpower Consortium, Inc.**  
**Community Services Block Grant Program**  
 738 North Market Boulevard  
 Sacramento, CA 95834

1- (916) 564-4053 (800) 432-2724  
 Fax – 1-(916) 564-2345  
 TTY – 1-(800) 748-5259  
 Email – CSBG@cimcinc.com

**CSBG APPLICATION**

The CIMC CSBG Program provides assistance and budget management education to eligible low-income Native American families that live off-reservation in select counties in California.

**Types of Assistance**

<b>Housing Assistance</b> May reapply every 24 months	<b>Utility Assistance</b> May reapply every 12 months	<b>Nutrition Assistance</b> May reapply every 3 months	<b>Supportive Service</b> May reapply every 12 months
Will not be provided if you willfully failed to pay your rent, or if your household income is not sustainable and/or is not enough to pay future month's rent	Will not be provided if you willfully failed to pay your utility bill(s), or if you received assistance from another agency in the last 6 months.	Will not be provided if you did not return your receipts and gift cards from your last food assistance, or purchase non-allowable food items.	Will not be provided for non-core curriculum classes.

- Prevent eviction
- Relocation (This is a once in a lifetime service)
- Prevent disconnection
- Restore service
- Deposit
- Wood, propane, kerosene
- Employment
- Vocational Training
- Education

- Application and Money Management (mail original Application and Money Management so that original signature is on file)
- Indian certification
- Proof of residence/physical address
- All household income, including Cal-Fresh if applicable, for the past six months
- Additional Documents (as needed)
  - a. Intent-to-rent form (if applying for relocation assistance)
  - b. Pay-or-quit notice (if applying for eviction prevention assistance)
  - c. Disconnection notice (if applying for utility disconnection prevention assistance)
  - d. 12-month payment history from utility company
  - e. Background information for employment, vocational training, or education

STEP 2: Call 1- 916-564-4053 or 1-800-432-2724 to confirm that we received your application and supporting documents.

STEP 3: Receive eligibility decision. If you are eligible for CSBG services, we will let you know what services will be provided based on justification.

- ✓ Submission of an application does not guarantee that services will be provided.
- ✓ Documents are reviewed to verify information. Receipts may be requested.
- ✓ CSBG services may be denied if information provided is false, misleading, or withheld.

**RELEASE OF INFORMATION AUTHORIZATION:**

I certify by signing this sheet that I have read and understand the above information and hereby give the CIMC CSBG Program authorization to obtain any and all required information in order to complete my application process for assistance.

Applicant Name: \_\_\_\_\_ County \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

First Name Last	MI	<input type="checkbox"/> Male	Birthdate (month/day/year)	Telephone
		<input type="checkbox"/> Female		
Residence/Street Address Code	City	State	Zip	County
				<b>Email Address</b>
Mailing Address/P.O. Box Code	City	State	Zip	Reservation Resident? <input type="checkbox"/> yes <input type="checkbox"/> no
				Native American <input type="checkbox"/> Y <input type="checkbox"/> N
Indian Certification: <input type="checkbox"/> BIA-Roll # _____ <input type="checkbox"/> Tribal - Roll # _____				Reservation: Tribe:
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> other _____				Check all that apply: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent
				<input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Other Family Type

**Highest Grade Completed** \_\_\_\_\_ **Do you have a:**  HS Diploma  GED  Degree **Are you a student now?**  Y  N

**Enter the total number of people living the household including yourself in the box.**  **Enter the total number of people who receive Any income in the box.**

**Enter the number of people in the household who are:**

Ages: 0-5		Ages 24-44		Employed?	<input type="checkbox"/> Y <input type="checkbox"/> N	If no last day worked:	If yes, hourly wage: hours worked per week
Ages 6-11		Ages 45-54		Food Stamps/WIC Commodities	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received:	Monthly Amount:
Ages 12-17		Ages 55-69		Cash Aid/Tribal TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received:	Monthly Amount:
Ages 18-23		Ages 70 and Over		SSA/SSI	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received:	Monthly Amount:

Monthly Expenses: (Please complete for the past month's expenses)  
 Rent/ Mortgage: \$ \_\_\_\_\_ Electricity: \$ \_\_\_\_\_ Heating/Gas: \$ \_\_\_\_\_  
 Groceries: \$ \_\_\_\_\_ Other: \_\_\_\_\_

Do you have Medical/Health Insurance?  Y  N  
**Disabled**  Y  N  
**Veteran**  Y  N

Household Income: **List all family household income.**

Name	Relationship	Source of income	Gross Monthly Income
_____	Self	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you related to anyone working for **CIMC** or to any member of **CIMC's** Board of Directors?  Y  N  
 If yes, state name and relationship: \_\_\_\_\_

Have you applied for assistance through the **CIMC** Community Services Block Grant Program before?  Y  N  
 If yes, list county and assistance: \_\_\_\_\_

Type of assistance requested. check all that apply.  
 housing  nutrition/food  utility  education  employment  other

**Monthly living Expenses**

Monthly Expenses	Amount
Rent	
Electricity	
Heat/Cooling/Gas	
Groceries	
Other	
Other	
Other	
Other	
Client needs BME	<input type="checkbox"/> Y <input type="checkbox"/> N
Total	

**Income level Chart**

Check One	Family Size	Gross income for 6 months
	1	\$6380
	2	\$ 8,620
	3	\$ 10,860
	4	\$ 13,100
	5	\$ 15,340
	6	\$ 17,580
	7	\$ 19,820
	8	\$ 22,060
	9	\$24,300
	10	\$26,540
	11	\$28,780
	12 +	Add \$2,240 Per Family Member

**Income for the past 6 months**

Monthly Income per month	Total
1	
2	
3	
4	
5	
6	
Total	

**Type of approved service/s**

Check all that apply	Type of Service	Amount Received
	Housing	\$
	Utility	\$
	Nutrition/ Food	\$
	Education	\$
	Employment	\$
	Other	\$
Was a waiver needed <input type="checkbox"/> Y <input type="checkbox"/> N		

List all Adults in the Home (let staff know if additional space is needed)

Full Name Adults	Relationship	Birthday	Age	Enrolled in College/Vocational School	If yes Grade/Years
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

List all Children in the Home (let staff know if additional space is needed)

Full Name of Child	Relationship	Birthday	Age	In School	Grade
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	
				<input type="checkbox"/> Y <input type="checkbox"/> N If yes fill in grade	

**In the space below, write om detail what happened that caused your current emergency situation**

I certify by signing this application that all information given is true and accurate to the best of my knowledge. i am aware that giving false/misleading information is considered perjury and may be subject to prosecution. i understand this application must be accompanied by verification of income, residency, and Indian ancestry. also by signing this application, i hereby give permission to the CIMC CSBG program to verify and obtain any information needed for the processing of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Assisted by Signature \_\_\_\_\_ Date \_\_\_\_\_

CSBG Eligibility Specialist \_\_\_\_\_ Date \_\_\_\_\_

CSBG Coordinator \_\_\_\_\_ Date \_\_\_\_\_

### BUDGET MANAGEMENT EDUCATION

Do you often run out of money before the end of the month? Do you know where your money goes and how much goes to what expenses? Budgets are effective tools for managing your money and answering these questions. A simple budget determines how much money you have coming in, and how much money you have going out each month. Fill out the budget (BME) below:

#### Monthly Budget

<b><u>NAME:</u></b>	<b><u>DATE:</u></b>
<b>1. Income</b>	
Take-Home Pay	\$
Other Income	\$
<b>Total Income</b>	<b>\$</b>

<b>2. Your Expenses</b>	
Housing (Rent or Mortgage plus taxes, insurance, etc.)	\$
Car Payment	\$
Gasoline	\$
Auto Insurance	\$
Internet	\$
Cell Phone	\$
Cable TV	\$
Subscriptions (Netflix, Hulu, gym, newspaper, magazine, etc.)	\$
Groceries	\$
Medical & Dental (co-pays, prescriptions, etc.)	\$
Dining Out (restaurants, McDonalds, Dominos, snacks, etc.)	\$
Entertainment (movies, going out, gambling, etc.)	\$
Travel	\$
Utilities (heat, electricity, water, garbage, etc)	\$
Other Spending (hobbies, personal care, tobacco, et.)	\$
Debt Payments (credit cards, student loans, loans, etc.)	\$
Savings	\$
Other	\$
<b>Total Expenses</b>	<b>\$</b>

<b>3. Your Bottom Line</b>	
Income Minus Expenses	\$

Budgets are also an effective way to determine needs vs wants. **NEEDS** are things that you must have to survive, like food or water, shelter and health resources. Although we want to have certain things like steak or the high end cable package, **WANTS** are things that you don't need.

Look at your budget is there any money left at the end of each month? Go back through it and put an N by those items that are **NEEDS** and a W by those that are **WANTS**.

Your list should look **something like this:**

Name:	Date:
Needs	Wants
Housing	Cell Phone
Car, Insurance, Gas	Cable
Groceries	Subscriptions
Utilities	Dining Out
Medical/Dental	Entertainment
Savings	Travel
	Other Spending

Total up the Needs on your Budget \$ \_\_\_\_\_

Total up the Wants on your Budget \$ \_\_\_\_\_

Review Want items and see if perhaps you can make a compromise. Needs cannot be substituted but there are option or choices for wants. Instead of having the full cable package can you save money each month by only having the basic cable package. Can you reduce your grocery bill by buying in bulk or using tap water instead of bottled water? Is there a cell phone plan that will lower your rate? Is it possible to get a roommate and save on your housing costs? How about bartering, do you have a skill or ability that you can trade for someone for services or products they have?

Make a list of items you can lower the costs of to have more money at the end of each month:

Most people usually have more month than money before payday and stretching a dollar is hard to do. There are several ways to address this and the envelope system is an easy method of budgeting that works well for most people.

Take envelopes and label them for each item on your budget, put the cash for that item in the envelope marked for that item, for instance, if your electricity bill is \$50 per month, mark an envelope Electrical Bill and when you get paid, put that amount in the envelope. Label the envelopes that pay for your

**NEEDS** first and then your **WANTS** second. For each envelope starting with the **NEEDS**, place the amount of money needed to pay for that item into the marked envelope. Make sure you put some money into a into a Savings envelope. After your **NEEDS** are done, label envelopes for your **WANTS** and fill them with the amount of money needed for that **WANT**. If you run out of money before filling all of the **WANT** envelopes, then you cannot afford to purchase that item or do that activity. If there is money left, this is the money that you can spend on anything you want.

If you have an envelope for electricity and have \$50 in it, but your friends want to go out. The entertainment envelope only has \$10, what should you do?

## PAYDAY LENDING

By putting money into your savings envelope or bank account and letting it accumulate you save yourself from spending even more money when you have an emergency. Often people don't save and end up in an emergency situation where they take money for needs and spend them on the emergency. When people get into money troubles, they start looking for a quick fix until they get more money. There are lenders who offer quick money for a short term loan at high interest rates. These loans are called predatory loans because they are expecting you to keep borrowing from them. The predatory lenders refinance loans and collect fees without any real financial solution to help you.

### Types of loans to avoid (predatory loans)

1. Payday Loan

2. Title Loan

Payday Loans are exactly what the name suggests, loans that last until your next payday. The average loan is \$350 and the term on these loans are typically 14 days, paydays are usually every two weeks. The supposed purpose is quick cash to take care of life's emergency situations. You borrow a few hundred bucks, pay a standard fee, and then repay the loan, right? Let's take a closer look behind the scenes and understand how these loans really work.

**Example 1:** Your car breaks down and it will cost \$100 to fix, you need your car fixed ASAP because you have to get to work. You have no savings and cannot get a loan from friends or family, and a bank will deny you because of credit history. Predatory Payday loans are across the street and promises a loan without a credit check in less than 30 minutes! The money will be deposited in your account tomorrow, your car will be fixed and everything is great.....right?

Payday loan fees are often expressed in \$100s, let's use \$10 for every \$100 borrowed. A two week payday loan for \$100 cost you \$10 in fees. This means that you owe them \$110 at the end of the loan (payday).

$$\$10/14 \text{ days} = \$0.71 \text{ per day}$$

$$\$0.71 \text{ per day for 365 days} = \$261$$

This equates to a 261% Annual Percentage Rate (APR)

What happens if you cannot pay the loan off at the end of the two weeks? The borrower will refinance the loan by paying the fee again extending the loan to another payday. Now you owe Predatory Payday Loans \$120 on the next payday. There are limits to how many times that you can rollover the loan. Once this limit is reached, then your account will go to collections. Once in collections, you may wind up having your wages garnished.

A payday loan report found that:

- 14% of borrowers can't afford to repay the loan.
- 76% of payday loans are renewals
- Average borrower is debt for 5 months
- 41% of borrowers need a cash infusion to pay off a payday loan

That brings us to Car Title Loans. These loans are usually for a longer period of time and for larger amounts. The average loan is \$950 and for a term of 30 days. These loans are backed by the value of the car that the borrower owns. Some car title lenders do not require a credit check or proof of employment. Just like payday loans, these loans include fees and are usually renewed several times.

Let's take a look at an example using a 25% interest rate.

Loan – \$950

$$\text{Interest} - \$950 \times 25\% = \$238$$

$$\text{Renewed 8 times} = \$238 \times 8 = \$1904$$

$$\text{Total interest on loan} = \$238 + \$1904 = \$2142$$

$$\text{Total paid back} = \$950 + \$2142 = \$3092$$

What happens if you cannot keep up with the payments? If you cannot pay the loan back the lender has the title to your car. They will repossess the car and sell it to settle your debt.

Although it is hard to make ends meet when you are in a low income bracket, paying close attention to your finances and saving money no matter how difficult it is will help you from paying even more money in the long term by not using quick cash alternatives.

# For Housing

Have your potential landlord complete the following forms and return them to the CSBG Department

W9

**Intent to Rent** (for relocation only)



## If You Are Applying For Relocation Assistance, Then Fill Out This Form.



**California Indian Manpower Consortium, Inc.  
Community Services Block Grant Program**

738 North Market Boulevard  
Sacramento, CA 95834

916-564-4053 800-432-2724  
TTY 800-748-5259 Fax 916-564-2345

### INTENT-TO-RENT FORM

THIS FORM IS NOT A GUARANTEE OF EMERGENCY HOUSING ASSISTANCE. This form must be filled out by the Property Management Representative (PMR) or Landlord/Owner of rental property. If the PMR fills out this form, then a copy of authority to act on behalf of Landlord/Owner will be required. The information provided will be used to evaluate a client's request for emergency housing assistance.

#### LANDLORD INFORMATION

Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment will be made payable to: \_\_\_\_\_

#### RENTAL INFORMATION

Monthly Rent: \$ \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Total move-in costs: \$ \_\_\_\_\_

Name of renter(s): \_\_\_\_\_

Renter's new address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I certify that the information provided is correct and that this form serves as information of rental property that is potentially available for the above-named individual.

\_\_\_\_\_  
Signature of PMR or Landlord/Owner

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
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<b>or</b>								
<b>Employer identification number</b>								
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# For Nutrition

Complete the following form and return to the CSBG Department

Gift Card Agreement



**California Indian Manpower Consortium, Inc.**  
**Community Services Block Grant Program**  
738 North Market Boulevard  
Sacramento, California 95834  
916-564-4053 800-432-2724  
TTY 800-748-5259 Fax 916-564-2345

**LIMITED-PURCHASE SAFEWAY GIFT CARD AGREEMENT**

**Instructions for use of Limited-Purchase Gift Card(s):**

- DAY 1: Issue date of limited-purchase gift card(s).
- DAY 1-14: Conduct grocery trip at any Safeway store. Use the FULL amount of the gift card(s) and buy ONLY allowable food items listed below.
- DAY 1-21: Use pre-stamped envelope to mail store receipt(s) with your name printed on the receipt(s) and gift card(s) to CSBG.  
Postmark must be within this 21-day timeline.

**Allowable Food Items ONLY:**

<ul style="list-style-type: none"> <li>• Vegetables, Fruits (fresh, frozen, canned)</li> <li>• Beans, Lentils, Pinto, (canned, dry, etc.)</li> <li>• Eggs or Egg Substitute</li> <li>• Soups (canned, dry)</li> <li>• Canned Tomatoes (sauce, paste)</li> <li>• Baby Food, Baby Formula</li> <li>• Dry cereal/un-sugared</li> <li>• Pancake Mix, Syrup</li> <li>• Cheese</li> <li>• Mayonnaise, Mustard, Ketchup</li> <li>• Salad Dressing</li> <li>• Beef, Pork, Chicken, Turkey (fresh, frozen, ground, bacon, sausage/hotdogs, luncheon meats)</li> </ul>	<ul style="list-style-type: none"> <li>• Potatoes, Rice, Pasta, Breads</li> <li>• Milk (fresh, non-dairy, powdered, canned)</li> <li>• Flour, Yeast, Cornmeal, Sugar</li> <li>• Fish (fresh, frozen)</li> <li>• Macaroni &amp; Cheese</li> <li>• Oatmeal</li> <li>• Yogurt</li> <li>• Crackers (graham or saltine only)</li> <li>• Peanut Butter, Jelly/Jam, Marmalade</li> <li>• Butter, Margarine</li> <li>• Cooking Oil</li> <li>• Canned Meats (Corned Beef, Chicken, Spam, Tuna)</li> </ul>
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I agree to follow the above instructions for use of the limited-purchase gift card(s).

**Please Print your Name on the Receipt.**

**I understand that if I purchased Unallowable Food items, I will not receive Nutrition Assistance in the future.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 5 Digits of the Gift Card

**Provide the Yellow copy to the Client**