



Eastern Band of Cherokee Indians  
CHEROKEE TRIBAL FOOD DISTRIBUTION PROGRAM  
P.O. Box 1123 Cherokee, North Carolina 28719  
(828-359-9751)



**OFFICIAL NOTICE OF ELIGIBILITY, DENIAL, OR PENDING STATUS**

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

Participant's Name: \_\_\_\_\_ File No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Notice of Eligibility:** Your application has been approved for \_\_\_\_\_ month(s) to receive USDA foods beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ for a household of \_\_\_\_\_. **Household changes must be reported within 10 days.** You must be recertified in \_\_\_\_\_. To reapply, you must complete a new application and bring the following information:

Income: \_\_\_\_\_

Zero Income for: \_\_\_\_\_

**Zero Income letters need to specify the length of lack of income for anyone 18 or older in the household. The letter must be signed, dated, and include contact information. The letter must cover the previous 30 days or more whichever applies to the household member(s).**

Utility Bill  Child Support  Updated I.D. for: \_\_\_\_\_

Proof of Physical  Dependent Care  Enrollment Card or Affidavit for: \_\_\_\_\_

Proof of Mailing  Kinship/Guardianship  Social Security Card for: \_\_\_\_\_

Other: \_\_\_\_\_

**Notice of Denial:** Your application has been denied on \_\_\_\_/\_\_\_\_/\_\_\_\_. Your household does not qualify for the Food Distribution Program due to:

\_\_\_\_\_  
\_\_\_\_\_

**Notice of Adverse action:** We have found that your household no longer qualifies for the Food Distribution Program; your benefits will end on \_\_\_\_/\_\_\_\_/\_\_\_\_. This action is being taken due to: \_\_\_\_\_

**Notice of Reduction:** Your benefits are being reduced from a \_\_\_\_ person household to a \_\_\_\_ person household effective \_\_\_\_/\_\_\_\_/\_\_\_\_. This action is being taken due to: \_\_\_\_\_

**Notice of Request for Termination:** Your request for termination will be effective on \_\_\_\_/\_\_\_\_/\_\_\_\_ for a household of \_\_\_\_\_. Your last issuance of commodities was \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Certification/Eligibility Specialist, Tribal Food Distribution

**FAIR HEARING:** If you disagree with any of the action(s), you have the right to request a fair hearing. To request a fair hearing, call (828) 359-1503; write EBCI PHHS Appeals Manager, Michael Stamer, PO Box 1806 Cherokee NC 28719; or email: [mikestam@nc-chokeee.com](mailto:mikestam@nc-chokeee.com). You may continue to receive benefits pending the outcome of the fair hearing. However, if the fair hearing official's decision is not in your favor, you will be held liable for any over-issuances received while awaiting the outcome of the fair hearing. You have 90 days from the date of this notice to request a fair hearing.

**NON-DISCRIMINATION:** In accordance with Federal civil rights laws and U.S. Dept. 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 of funded by USDA



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Cherokee: 7:45am-4:30pm (Closed Holidays, Weekends & Inventory Days)  
Robbinsville: 12:00pm-1:30pm (1<sup>st</sup> Tuesday of Month)  
Murphy: 9:30am-11:00am (1<sup>st</sup> Tuesday of Month)

### USDA Nondiscrimination Statement

**SNAP and FDPIR State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a FORM AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

- 1. mail:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
- 2. fax:** (833) 256-1665 or (202) 690-7442; or
- 3. email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.