



TNAP: Tribal Nutrition Assistance Program APPLICATION

Updated 6/20/2024

For Internal Use Only

Date: _____

Time: _____

Enrollment: _____

Month _____ 2024

The Iipay Nation of Santa Ysabel is excited to kick start a new Tribal Nutrition Assistance Program (TNAP). This program provides food assistance for good health to all enrolled Tribal members residing in California that are 18 years and older including their spouse and/or qualifying dependents under the age of 18 years old. (No income verification needed).

What Services Will I Receive From This Program? TNAP is a Gift Card /Food Voucher Program.

The allocation will consist of \$50.00 Gift Card(s)/Vouchers given to you and your qualifying dependent(s) (under the age of 18 years old). Gift Card/Vouchers should only be used for purchasing food products.

The INSY Tribal Hall will also provide a meal every other month for the community!

How Do I Apply? Applications are available at the INSY Tribal Office.

This program will be on a first come first serve basis.

You will be eligible to apply again **on the first day of the following month.**

Applications will not be accepted prior to this date.

Call prior to coming in to ensure availability.

- **Enrolled Head of Household information is required: (You must provide a copy of your Tribal ID when applying).**
- Any Enrolled Tribal Member 18 years and older **must fill out their own household application.**
- The Head of Household needs to pick up the Gift Card(s). If you'd like to have someone pick up your card(s) for you, you must provide a written statement giving them permission and a copy of their Tribal ID to pick up and sign for you

Name: _____ **Telephone Number:** _____ **Email:** _____

Mailing Address: _____ (Please Check Below if Applicable:)

(City, State, Zip Code, Residence Location Street)

Elder (70+) Senior (60+)

Required Information: Please List each of your qualifying dependent(s) children under the age of 18, who live and eat with you including your spouse. Roomates unfortunately do not qualify.

Name (Include Applicant)	Relationship to Applicant	Date of Birth	Grocery Store Choice
			Select One:
			<input type="checkbox"/> Don's Market
			<input type="checkbox"/> Stater Brothers
			<input type="checkbox"/> Ralphps
			<input type="checkbox"/> Food For Less



I DECLARE I AM AN ENROLLED TRIBAL MEMBER AND ATTEST THE INFORMATION I AM SUBMITTING IS TRUE AND CORRECT.

APPLICANT SIGNATURE: _____ **DATE:** _____