



TNAP: Tribal Nutrition Assistance Program APPLICATION-ROUND 2

Updated 7/2/25

For Internal Use Only

Date: _____

Time: _____

Enrollment: _____

Month _____ 2025

Round 2 for the Tribal Nutrition Assistance Program (TNAP) will continue until funds are expended. 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. Tribal identification is required for all applicants.

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. Applications are available at the INSY Tribal Office, INSY website, or you may request an application sent to your email.

Gift cards will be disbursed on a first come first served basis, as funds allow.

You will be eligible to apply again **on the first day of the following month** as funds allow. **Applications will not be accepted prior to this date.**

Call prior to coming in to ensure availability.

Food cards must be picked up within 30 days of application date or they will be forfeited.

- **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 gift card(s), you must provide a written statement or email giving permission 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	Age	Grocery Store Choice
				Select One:
				<input type="checkbox"/> Don's Market
				<input type="checkbox"/> Stater Brothers
				<input type="checkbox"/> Ralphs
				<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: _____