

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Date: 07/01/2017 - 06/30/2018

Agency Name:		Agency Number:	
Applicant's Name:		Phone:	
Street Address:		Apartment #	
City:	State:	Zip:	
Date of Birth:		Identification Document Provided:	
Income Reported:	Monthly	Income Document Provided:	Self-Declaration
I wish to be qualified as an individual: Yes No		Number of People in Household:	Male or Female: Male Female
APPLICANT QUALIFIED? YES NO			
<i>Participants must report changes in household income or changes to the number of persons in household within 10 days after the change becomes known to the household.</i>			
<p>This application is being completed in connection with the receipt of Federal Assistance. Program officials may verify information on this form. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.</p> <p>I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by checking the appropriate box.) Yes No</p>			
Data in this section is a UDSA statistical requirement for the program. Responses will not affect consideration of this application.			
<p>1. Are you Hispanic or Latino? (Select one) Yes No</p> <p>2. What is your race? (Select one or more)</p> <p> ___ American Indian or Alaska Native ___ Asian</p> <p> ___ Black or African American ___ Native Hawaiian or Other Pacific islander</p> <p> ___ White</p>			
Applicant please read the following declaration before signing:			
I understand that I can only receive CSFP food once a month from one site only. I understand that making a false statement may result in having to pay the state for the value of the food improperly issued to me, and may subject me to criminal prosecution under state and federal law.			
Applicant's Signature: _____		Date: _____	
Signature of Approving Staff: _____		Date: _____	
ALTERNATE: An alternate or proxy can be named to pick up food for the applicant. The applicant must come in a minimum of once in a six-month period to fill out a self-declaration. An alternate or proxy may not pick up food for the applicant if there are changes to the household size or total income. Only if the alternate can verify the correct information, can food be picked up. The alternate should sign his or her name at the Applicant's Signature, not the applicant's name.			
I, (Applicant's Name) _____ authorize (Alternate's Name) _____ to pick up CSFP food distribution on my behalf. I understand that I am responsible for all information stated above and that this document serves as a legal disclaimer.			
Authorized Staff Only:			
Date of Approval: _____		Date Notification of Ineligibility Sent: _____	
Waitlist Notification Sent: _____		Site Location: _____	

I HAVE READ THE NON-DISCRIMINATION STATEMENT ON THE BACK OF THIS FORM

STATEMENT OF NON-DISCRIMINATION

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights and 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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.