

Commodity Supplemental Food Program Application

Name	
Address	
Phone #	Email Address
Household Size	Form of ID
Designated Proxy	Designated Proxy
Date of Birth	

Income Source	Income Amount
Total Income	

Race: Check all that apply <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time. 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. 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 placing a checkmark in the appropriate box.) YES ☐ NO ☐

Signature of Applicant	Date of application
Intake Signature	Date of Approval/Denial

☐ **Approved**

 ☐ **Denied**

Participants Rights and Responsibilities

- The Agency will provide written notification of a decision to deny or terminate CSFP benefits and of the recipient's right to appeal that decision by requesting a fair hearing.
- Improper use or receipt of CSFP benefits because of program violations may lead to a claim against the recipient to recover the value of the benefits and may lead to disqualification from CSFP.
- Participants must report changes in household income or composition within ten (10) days after the change becomes known to the household.
- The local Agency will provide notification of eligibility or ineligibility within ten (10) days of application.

Nondiscrimination Statement

USDA Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department 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, disability, age, 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 communications for program information (e.g. Braille, large print, audiotape, 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 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 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.

- Complete re-certifications are required once every three (3) years.
- Program continuation, income changes, and household changes are required to be reviewed annually.

By signing my name below, I acknowledge that I have had an opportunity to read: Participants Rights and Responsibilities and the Nondiscrimination Statement.

Signature

Print Name

Date