



State of Hawaii
The Food Basket – Hawaii Island’s Food Bank
Commodity Supplemental Food Program (CSFP)
Kupuna Pantry Participant Application



Staff use only

Application Date: _____

Recertification Dates: (every 6 months)

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Last Name: _____

First Name: _____

Address: _____

Gender: Male Female

Date of Birth: _____ Age: _____ Telephone number: _____

Racial and/or ethnic data collected on this form has no effect on the eligibility determination of the household

Are you Hispanic or Latino? Yes No

What is your race? (You may select more than one)

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian White or Caucasian

Monthly Household Income: \$ _____ Total number of people in the household: _____

Household Size/Income Limit: See Attachment “Income Guideline”

Source of Income: No Income Disability Pension Social Security SSI Wages Unemployment

Have you previously been enrolled in the Commodity Supplemental Food Program? Yes No

PROXY

Only complete this information if you authorize someone else to pick up your CSFP box

I hereby authorize the following individuals to act as mu authorized representative for CSFP

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

STAFF USE ONLY

Site Name: _____ Site #: _____

Wait List Date: _____ Wait List Notification Date: _____

PLEASE CHECK BOXES FOR ACKNOWLEDGMENT

PLEASE SIGN ON THE BACK AND SUBMIT WITH COPY OF ID

- Enrollment** I will be enrolled for 6 months at a time and recertify every 6 months. I must continue to meet all eligibility requirements as the time of recertification.
- I agree** to inform my respective Agency in writing with 10 days of any changes in my contact information.
- Pick up** I may actively only participate in **ONE DISTRIBUTION SITE**. I may request a site change with a written request. If I do not pick up a box for three (3) months in a row, I will become ineligible for the program.
- Reapply** If I am removed from the program for being an inactive participant, I am allowed to reapply for benefits by filling out another CSFP application. If a wait list occurs, however, I understand my application will go on the list according to the date it was received.
- I cannot** trade/sell CSFP food or purchase/use someone else's CSFP food for my household.
- Termination** I will be notified in writing of termination and have the right to a fair hearing.
- Fair Hearing** If I am found ineligible for this program during a recertification review, I have the right to a fair hearing in accordance with the provisions of Federal and State law.
- 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, religious creed, disability, age, political beliefs, 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, 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 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.

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. 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. **YES** **NO**

Print Name of Participant

Signature of Participant

Date

Household Size	Monthly	Annually
1	\$ 1,694	\$ 20,319
2	\$ 2,282	\$ 27,378
3	\$ 2,870	\$ 34,437
4	\$ 3,458	\$ 41,496
5	\$ 4,047	\$ 48,555
6	\$ 4,635	\$ 55,614

For each additional household member, add \$589

The ABOVE income guideline is for KUPUNA PANTRY ONLY

SNAP (food stamp) benefits?

Give The Food Basket a Call!

808-796-0132

We provide eligibility pre-screenings and application assistance.

What is SNAP? Supplemental Nutrition Assistance Program, formerly known as Food Stamp

How does it work? Once approved you are issued an EBT Card (used like a debit card) to buy food from retailers that accept SNAP. Benefits are issued once a month, benefits vary depending on household size, and income.

What can SNAP buy? SNAP benefits can buy unprepared food, fruits veggies, seeds that produce fruit/veggie, plants that produce fruit/veggie.

Where can SNAP be used? SNAP can be used at most all grocery stores, department stores (that sell perishable/non-perishable food items), and Farmers Markets.

Who is eligible for SNAP? Applicant must be currently residing in the State of Hawaii, a U.S. Citizen, Legal Permanent Resident of 5 years or more, at least 22 years of age, not collecting benefits in any other state, and meet a certain monthly gross/net income. New BBCE guidelines DO NOT consider the value of assets for most households to be determined eligible.

Most common documents needed:

- Driver's License/State ID/Passport
- Social Security Card
- Birth Certificate
- Pay-Stub
- Social Security/Retirement benefits statement
- Rent/Mortgage Payment (Property Tax/Association Fees)
- Utility Payment (Gas/Electric/Water/Phone)

Please Contact:

Kat Bumatay—SNAP Outreach Specialist, East Hawaii

Office: 808-933-6030

Cell: 808-796-0132

Email: kat@hawaiifoodbasket.org

Mailing: 40 Holomua Street, Hilo, Hawaii, 96720

