



Commodity Supplemental Food Program (CSFP) Eligibility Application

Lead Agency: _____

Client Number: _____

Distribution Site: _____

County: _____

Status	Date	Eligible	End Date	Initials of Official
Wait List		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Temporary		<input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Certification		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Recertification		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Recertification		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Termination		Reason: _____		

Applicant Information			
Applicant Name	Last: _____	First: _____	Middle: _____
Responsible Party	Last: _____	First: _____	Middle: _____
Contact Info	Phone: _____	Email: _____	
Address	Street: _____		
	PO Box: _____		
	City: _____	State: _____	Zip: _____
Address Verification	<input type="checkbox"/> Piece of Mail	<input type="checkbox"/> Driver License	<input type="checkbox"/> Utility Bill
	<input type="checkbox"/> Private Insurance Card	<input type="checkbox"/> Rent/Lease Agreement	<input type="checkbox"/> Rent Receipt
	<input type="checkbox"/> Other (please specify): _____		
Racial and Ethnic Data	What is your ethnic category? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
	What is your race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American (select one or more) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
ID Verification	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver License <input type="checkbox"/> ID Card <input type="checkbox"/> Other (please specify): _____		
Self-Declared	Household Size: _____ Age: _____		
	Meets Income Guidelines (130% of the Federal Poverty Income Guidelines) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 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 that 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

I have signed and received a copy of the Participant Agreement. If approved for the program, I understand that I may be placed on a waiting list.

By signing this Eligibility Application, I certify that I have read the provided income guidelines and my income falls at or below the 130% of the Federal Poverty Income Guidelines.

Signature of Applicant/Responsible Party

Date

USDA Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: | (833) 256-1665 or (202) 690-7442; or |
| | | (3) email: | program.intake@usda.gov |

This institution is an equal opportunity provider.

Please return this completed form to:

If you have questions please call us at:
