



Commodity Supplemental Food Program (CSFP)



ID Number: _____
Status: _____
Application Date: _____

Box Type: _____
Certification Date: _____
Expiration Date: _____

 Last Name First Name MI

 Pick-up Site

 Address

 Date of Birth Age Sex

 City State Zip

 Proxy Name Proxy Phone

 County Primary Phone

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

 Language Preference

Race: American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American

Gross Household Income **Household Size** _____

Wages (monthly)	SS (monthly)	SSI (monthly)	GA/MFIP (monthly)	Interest (monthly)	
Pension (monthly)	VA (monthly)	MSA (monthly)	Other (monthly)	Monthly Total	Annual Total

Comments: _____

This paragraph must be read to or by the participant

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 my 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 participant or proxy Date Type of ID Verified: ID? Mail Verified?

 Signature of person making final determination Clerk / Site Partner Site partner Initials Date

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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.