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
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White

Also Enrolled In (CIRCLE ALL THAT APPLY):

SNAP	SSI	FDPIR	Low-Income Subsidy	Medicare Savings	MN Care
MA	MSA	MFIP	WIC	Public Housing	NONE

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 — Title (circle one) | Site partner Initials | Date

PLEASE SEE REVERSE SIDE

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following 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 hoặc (202) 690-7442; or

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

This institution is an equal opportunity provider.