



Commodity Supplemental Food Program (CSFP) Eligibility Application

Contractor: _____ 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	Home Phone:	Cell 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): _____ Date of Birth: _____ Age: _____		
Self-Declared	Household Size: _____ 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 both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site. 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 within 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, 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, 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: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> or 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:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

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:
