

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PARTICIPANT APPLICATION

Site Name:		Enrollment Date:	
Verbal Recertification: <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months		Household size:	
1. Applicant (Last Name, First Name):			
Address:		City, State, Zip Code:	Date of Birth:
Phone Number:		Email (optional):	ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hispanic / Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan		
2. Applicant (Last Name, First Name):			
Address:		City, State, Zip Code:	Date of Birth:
Phone Number:		Email (optional):	ID Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hispanic / Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan		

- I certify under penalty of perjury that my household income is within the Commodity Supplemental Food Program's posted guidelines, and the household size listed is accurate. 1. YES NO 2. YES 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 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 check mark in the appropriate box.) 1. YES NO 2. YES NO

- I understand that I must regularly pick up my food package to remain in the CSFP. If I cannot, I authorize the applicant or listed proxy to collect it on my behalf. 1. YES NO 2. YES NO

1. Applicant's Printed Name	Applicant's Signature	Date
2. Applicant's Printed Name	Applicant's Signature	Date

ADDITIONAL PROXY NAME(s):

USDA Nondiscrimination Statement (NDS):

Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

USDA is an equal opportunity provider, employer, and lender. <https://www.fns.usda.gov/civil-rights/nds>