

Location _____

Date _____

New/Recert _____

CSFP APPLICATION FOR USDA COMMODITIES

Do not complete this application if your household has applied for or received CSFP benefits at another distribution site.



Name of Applicant: _____
Last First MI

Address: _____
Street City State Zip Code

Home Phone No.: _____ Other Phone No.: _____

Household Members

Name	Sex	Date of Birth	Age	CSFP Eligible
1.				
2.				
3.				

Household Income

CSFP Income eligibility requires the applicant to self-certify the household's gross income. Proof of income, such as bank statements, checks, or other documentation that might have personal information will not be collected, copied or stored in the applicant's file.

The total number of people living in my household is _____. Gross Income cannot exceed _____ monthly/yearly.
(Agency completes)

I, the undersigned, certify that my household's current monthly/yearly gross income does not exceed the above listed amount. _____
Initials

Authorized Representative Other Than Self To Pick Up USDA Food

Name: _____ Phone Number: _____

Address: _____

I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS APPLICATION :

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 at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

By signing below, I verify that 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 also understand that I may request a Fair Hearing orally or in writing if I disagree with any action taken on my case, and I may present my case at the hearing by any person I choose.

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 Applicant or Responsible Party _____ Date _____

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



This Page Completed by Local Agency

Location

Date

New / Recertification

VERIFICATION (Circle and document at least one):

Resident Verification

Driver's License _____

Rent Receipt _____

Utility Bill _____

Other _____

Rent/Lease Agreement _____

BENEFITS APPROVAL:

Benefits Approved For (*List names*):

RACIAL / ETHNIC GROUP (Required by USDA):

1. Ethnicity (please mark one): _____ Hispanic or Latino _____ Not Hispanic or Latino
2. Race (mark all that apply): _____ White _____ American Indian or Alaska Native
 _____ Asian _____ Black or African American
 _____ Native Hawaiian or Other Pacific Islander

CERTIFICATION:

Certification Period _____

Re-Certify on _____

2nd Certification Period _____

Denied _____ Reason _____

Pending _____ Reason _____

Termination _____ Reason _____
(Copy of Termination Letter Attached)

I hereby certify that this assessment was made on the basis of information contained within the files of our agency. All eligibility criteria were applied as defined by the State of Nevada, Department of Agriculture, Food & Nutrition Division.

Approving Authority (Certifier)

Agency

Date

RIGHTS AND RESPONSIBILITIES

You have certain rights and responsibilities while participating in the Commodity Supplemental Food Program...

YOUR RIGHTS INCLUDE:

- Fair treatment without regard to race, color, national origin, sex or handicap when you are certified for the CSFP program and while receiving commodities.
- The rights to a fair hearing if you have been denied program benefits.

YOU'RE RESPONSIBILITIES INCLUDE:

- Courteous treatment of all Agency personnel.
- You agree to provide correct and truthful information about your age, income, family size, and local address.
- You will agree to receive CSFP commodities for use by you and your family. You are NOT allowed to barter, sell or trade commodities received. If you do not want any item received at time of distribution, please return it to the staff.
- You will be truthful regarding your participation in the WIC program and will not participate in both the CSFP and the WIC program at the same time.

(Note: It is legal to have one or more person participating on WIC and still have another member of your family qualify for CSFP)

I have read and understand the rights and responsibilities listed above. If requested, These rights and responsibilities have been explained to me. I agree to comply with all of the responsibilities listed above

Participant's Signature

Date

PARTICIPANT'S STATEMENT:

I have been advised of my rights and obligations related to the CSFP program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. This certification is being made in connection with the receipt of Federal commodity food assistance. Program officials may verify information on this form.

I am aware that deliberate misrepresentation may subject me to Civil or Criminal prosecution under State and Federal statutes. I also understand that I may request a Fair Hearing if I disagree with any action taken on my case.

To file a complaint of discrimination, write:

USDA, Director / Office of Civil Rights

Room 326-W, Whitten Building / 1400 Independence Ave. SW / Washington, DC 20250-9410

Or Call (202) 720-5964 (voice & TDD)

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