

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) - CERTIFICATION FORM

Name of Participant: _____ Male Female Date of Birth: _____

(Participant must provide proof)

Street Address: _____ City: _____, Zip: _____

Phone Number: _____ ID# _____ SS# _____
(Birth date-First initial-First 3 letters of last name) (Last 4 digits-first last initial)

Household Income\$ _____ How many persons are supported by this income? _____
 Week Month Annual

Source of Income: Disability Pension Social Security Underemployment Unemployment

Form of ID Provided: Driver's License Birth Certificate Passport PA Identification Card Resident Alien Card

Are you a veteran or a spouse or widow/widower of a veteran? Yes No

RACIAL/ETHNIC PARTICIPATION DATA

- 1. Are you Hispanic or Latino? **[Check only one]** Yes No
- 2. What is your race? **[Check all that apply]** American Indian or Alaska Native Asian White Black or African American Native Hawaiian or Other Pacific Islander

CERTIFICATION STATEMENT

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. 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 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

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: http://www.ascr.usda.gov/complaint_filing_cust.html, and 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:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Signature of Participant / Caretaker: _____ Date: _____
(circle one)

Caretaker Only Print Name: _____

Signature of Site Representative: _____ Date: _____

Site Name: _____ County: _____

WAITING LIST

Date placed on waiting list: _____ Method of notification (circle one) Verbal at time of registration Letter