

# Form 502002 CSFP Applicant Self-Declaration of Need WRITE-IN Form



<b>Name of Participant:</b>		<b>Must Provide Proof</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<b>Date of Birth:</b>		<input type="checkbox"/> Prefer not to say.	
<b>Street Address:</b>		<b>Apt#:</b>	<b>City:</b>		<b>Zip:</b>
<b>Phone Number:</b>		<input type="checkbox"/> Cell <input type="checkbox"/> Home		<b>Email address:</b>	
<b>What is your total household income? \$ _____ How many people live in your household? _____</b>					
<b>Household Income Reported is Received [Check One]:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually					
<b>2022-23 CSFP Income Guidelines – Elderly 130% of Poverty</b>					
<b>Household Size</b>		<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>	
1		\$18,954	\$1,580	\$365	
2		\$25,636	\$2,137	\$493	
3		\$32,318	\$2,694	\$622	
4		\$39,000	\$3,250	\$750	
5		\$45,682	\$3,807	\$879	
6		\$52,364	\$4,364	\$1,007	
7		\$59,046	\$4,921	\$1,136	
8		\$65,728	\$5,478	\$1,264	
For each additional household member, add:		\$6,682	\$557	\$129	
<b>Household Member</b>	<b>First Name</b>	<b>Last Name</b>		<b>Birthdate</b>	<b>Gender</b> [Circle One]
2					Male or Female
3					Male or Female
4					Male or Female
<b>For additional household members turn over.</b>					
<b>Are you Hispanic or Latino?</b> [Check Only One] <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>What is your race?</b> [Check All That Apply] <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White					
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Another Pacific Islander					
<p>"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.</p> <p>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 <input type="checkbox"/> NO <input type="checkbox"/></p>					
<b>Signature of <input type="checkbox"/> Participant / <input type="checkbox"/> Caretaker [Check One]:</b>					
<b>Print Name of Caretaker:</b>					
<b>Proxy 1 – Print Name:</b>		<b>Proxy 1 Signature:</b>		<b>Date:</b>	
<b>Proxy 2 – Print Name:</b>		<b>Proxy 2 Signature:</b>		<b>Date:</b>	
<b>Site Name:</b>				<b>County:</b>	
<b>Site Representative Signature:</b>				<b>Date:</b>	

**USDA Non-Discrimination Statement is on the back. Please turn over.**

Household Member	First Name	Last Name	Birthdate	Gender Circle One
5				Male or Female
6				Male or Female
7				Male or Female
8				Male or Female

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: [USDA Program Discrimination Complaint Form Instructions](#), 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 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.