

DATE: _____

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) APPLICATION

Must be 60 years of age to participate in CSFP.

Applicant: _____
Last Name First Name Middle Initial

Mailing Address: _____
Number Street City Zip County

Physical Address: _____
Number Street City Zip County

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

RACIAL/ETHNIC DATA COLLECTION REQUIREMENT:

What is your ethnic category? Hispanic or Latino or Not Hispanic or Latino

Select your race? American Indian or Alaskan Native Asian Black or African American
 (Select one or more) Native Hawaiian or other Pacific Islander White

Number of People in Household Including Applicant: _____

Household Members:	Age:	Date of Birth:	Relationship:

HOUSEHOLD INCOME:

SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN
Wages, Salary		
Social Security		
Public Assistance (TANF)		
Pension/Retirement (non-SS)		
Self-Employment		
Unemployment		
Other (Specify)		
Other (Specify)		

TOTAL HOUSEHOLD INCOME: _____

(Total Must Not Exceed 130% of the current Federal Poverty Level Guidelines)

INCOME DIRECTIONS:

Income should be as current as possible (previous month's). Indicate source, amount and how often received (weekly, monthly, bi-weekly, quarterly, annually) Income before deductions such as taxes and SS. MUST INCLUDE INCOME OF ALL HOUSEHOLD MEMBERS. If income inconsistently received, then project it on an annual basis. "Other, Specify" could be income from commissions, strike benefits, income from trusts, contributions from relatives, etc.

SNAP BENEFITS (Food Stamps) do not count as income.

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 aware I may not receive CSFP benefits at more than one CSFP site at the same time. I am also 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.

Continue on reverse side of this form. 

