

**ELDERLY
CSFP APPLICATION**

Name (Responsible Adult) _____

Address _____
(Number) (Street) (City) (Zip) (County)

Phone _____ Number in Household: _____

ID VERIFIED TYPE OF ID: Drivers License Birth Certificate SSN Other

Is the household participating in a program that meets CSFP eligibility criteria? Yes _____ No _____

If yes, what program? _____

Qualifying Household Members:	Age:	Date of Birth:	Category:

RACIAL/ETHNIC DATA COLLECTION REQUIREMENT:

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

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

HOUSEHOLD INCOME: (Total Income Must Not Exceed 130% of the Current Federal Poverty Level Guidelines)

Indicate source and amount if current (last month's) income before deductions, such as taxes and Social Security. THIS AMOUNT MUST INCLUDE ALL INCOME OF ALL HOUSEHOLD MEMBERS. If last month's income is not representative, please project a yearly income which would be. "Other" income could be commissions, strike benefits, income from trusts, contributions from relatives, etc. Food Stamp benefits do not count as income.	Amount	How Often Received
Wages, Salary	_____	_____
Social Security	_____	_____
Public Assist. (Welfare)	_____	_____
Pension/Retirement	_____	_____
Self-employment	_____	_____
Unemployment	_____	_____
Other (Specify)	_____	_____
Other (Specify)	_____	_____
TOTAL HOUSEHOLD INCOME	_____	_____

I understand it is illegal to participate in the CSFP in more than one local agency

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Please see reverse side of this form.

