

**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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, D.C. 20250-9410 or call toll free 866-632-9992 Or you may use the Federal Relay for hearing impaired (800) 877-8339 or the Spanish relay (800) 845-7442. USDA is an equal opportunity provider and employer.

Please see reverse side of this form.

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 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) (DATE)

I HEREBY AUTHORIZE THE FOLLOWING INDIVIDUALS TO ACT AS MY AUTHORIZED REPRESENTATIVE FOR CSFP:

NAME _____ RELATIONSHIP TO APPLICANT _____

NAME _____ RELATIONSHIP TO APPLICANT _____

NEW CERTIFICATION: ID VERIFIED: _____ ELIGIBLE _____ NOT ELIGIBLE _____

CERTIFICATION DATE FROM _____ TO _____

TITLE OF CERTIFIER _____ SIGNATURE _____ DATE _____

2ND CERTIFICATION : ID VERIFIED: _____ ELIGIBLE _____ NOT ELIGIBLE _____

CERTIFICATION DATE FROM _____ TO _____

TITLE OF CERTIFIER _____ SIGNATURE _____ DATE _____

CLIENT CONTACT BY PHONE _____ IN PERSON _____

CLIENT WISHES TO REMAIN ON CSFP FOR A CONSECUTIVE SIX MONTHS? _____

CLIENT ADDRESS CHANGED? _____ IF YES, NEW ADDRESS _____

IF INELEGIBLE PLEASE STATE REASON:

- You will be notified of your eligibility, eligibility and placement on a waiting list, or ineligibility within 10 days of receipt of this correctly completed and signed application by the local CSFP agency.
- You may appeal any decision made by the local agency regarding your denial or termination from the program. You have a right to a fair hearing.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.