

Participant Application

Commodity Supplemental Food Program

Household Information — To be completed by Applicant, Household Member, Authorized Representative, or Recipient Agency that is determining eligibility.

CONTRACTOR NAME TSA	SITE NAME [REDACTED]	SITE NUMBER	CASE ID	Date of Birth	Gender
NAME of APPLICANT (s)/HOUSEHOLD MEMBERS (Last, First Middle Initial)					
1) [REDACTED]					
2) [REDACTED]					
3) [REDACTED]					
PHYSICAL ADDRESS: [REDACTED]		MAILING ADDRESS:		CONTACT PHONE (S): [REDACTED]	
NAME OF HOUSEHOLD MEMBER	Total Gross Income (before deductions) of Household Members				Note: SNAP benefits do not count as income.
[REDACTED]	\$ [REDACTED]	Weekly	Monthly	Yearly	
	\$	Weekly	Monthly	Yearly	
	\$	Weekly	Monthly	Yearly	
Ethnicity (select one category): Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>					
Race (select one or more categories): American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>					
Ineligibility — I have been advised in writing that I am ineligible to participate in the Commodity Supplemental Food Program and have the right to a fair hearing. I am ineligible to participate based on the following criteria: Income Residency Category					
You May Appeal any decision made by the local agency regarding your denial or termination from the Program.					
Signature of Applicant		Date	Name of Proxy 1 — (print or type) [REDACTED]		
			Apply Pick Up Both		
Signature of Authorized Proxy [REDACTED]		Date [REDACTED]	Name of Proxy 2 — (print or type)		
			Apply Pick Up Both		
<p>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.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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.</p> <p>To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form, (AD-3027)</u> 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:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) Email: program.intake@usda.gov.</p>					
This institution is an equal opportunity provider.					
DATE REFERRALS PROVIDED					

Certification — 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. Improper receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility