

Case #: _____

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Please complete one application for each person you are enrolling on the program.

Name: _____ Date of Birth: _____ Verified by: _____

Address: _____ City: _____ ZIP: _____ Verified by: _____

County: _____ Home Phone: _____ Work Phone: _____

CIRCLE ONE OR MORE: (For civil service statistical purposes only) Are you Hispanic or Latino? Yes No

- 1) American Indian or Alaskan Native
- 2) Asian
- 3) Black or African
- 4) Native Hawaiian or Other Pacific Islander
- 5) White

IS THE APPLICANT:

Female Male

Social Security Number: _____

ADULTS ONLY (Circle one): Single Married Divorced Separated Widowed

List persons authorized to pick up your food-no more than two (2): _____

How many persons live at your address? _____ Are you living with a friend or relative? Yes No

List all persons living in your home and include income for each person working or receiving benefits:

<u>Names of those WORKING</u>	<u>D.O.B.</u>	<u>Hours worked</u>	<u>Amount Gross</u>				
			Hour	Week	Biweekly	Month	Year
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Names and Ages of those NOT WORKING, RETIRED, CHILDREN - other than yourself:

LIST DOLLAR AMOUNTS OF ANY OTHER INCOME (before deductions):

TAF _____ Social Security _____ Food Stamps _____ Disability SSI _____

Unemployment _____ Pension Retirement _____ DCF General Asst. _____ Foster Care Pay _____

Military Pay _____ Self-Employed _____ Child Support _____ Interest Income _____

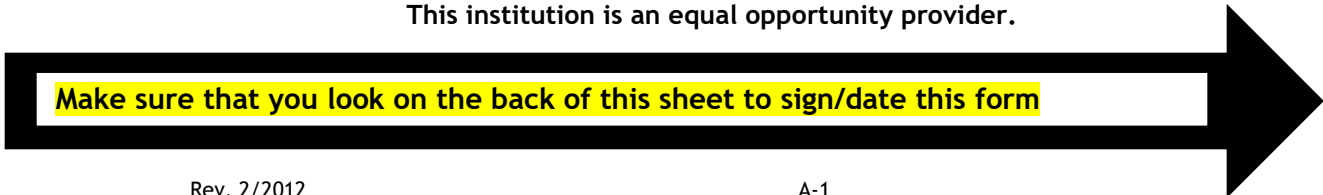
Other _____ Verified by _____

Has the applicant been on CSFP before? Yes No

Is the applicant, or any other living in the home Migrant Workers? Yes No In a homeless shelter? Yes No

By reading, signing and dating the back of this form, I acknowledge that the information provided is accurate and complete. I also understand that I must notify CSFP of all changes of income, address or household composition within 10 days.

This institution is an equal opportunity provider.



COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Please complete one application for each person you are enrolling on the program.

**YOUR RIGHTS AND RESPONSIBILITIES IN THE
KANSAS COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

I AGREE TO:

- ✓ Bring proof of income, address, and identification for each person applying.
- ✓ Give staff correct information about my current household and their income.
- ✓ Let staff know if my address, income or household composition changes or if I plan to move within 10 days.

I UNDERSTAND THAT:


- ✓ CSFP will provide supplemental foods.
- ✓ CSFP will provide referrals to nutrition health or assistance programs as appropriate.
- ✓ The CSFP local agency will provide nutrition education to all program participants.
- ✓ I will be dropped from this program if I participate in another CSFP Program.
- ✓ I have the right to appeal through the fair hearing process, any decision made by the local agency regarding denial, disqualification, or termination from the program.
- ✓ If I do not pick up food 2 months in a row, without telling staff, I will be taken off the Program.
- ✓ I may be taken off the program if I sell, trade, or give away CSFP foods.
- ✓ I may be taken off the program for intentionally withholding information pertaining to eligibility in CSFP.
- ✓ I may be taken off the program if I physically abuse or threaten to physically abuse program staff.
- ✓ Improper use of receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against you to recover the value of the benefits and may lead to disqualification from CSFP.

This application form 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 once CSFP site at the same time. I am also aware that I may not receive CSFP benefits more than once a month at another site of CSFP.

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 and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box)

YES NO

 _____
Signature of Participant, Adult Parent, or Caretaker

Date

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 *Please make sure that you sign & date this! Thank you*

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Instructions for Application Completion

Name and Date of Birth - Fill in applicants name and date of birth. Proof of name and date of birth must be provided on the initial certification meeting with the CSFP Local Agency. Acceptable forms of proof include: state issued birth certificate, hospital issued birth certificate of live birth, SRS medical card with birth date indicated, immunization card driver's license, or WIC record.

Address, City and Zip - Fill in applicant's current address. Proof of current address must be provided on the initial certification meeting with the CSFP Local Agency. Acceptable forms of proof include: letters mailed to the home address, rent receipts, or utility bills.

County, Home Phone #, Work Phone # - List the country the applicant resides in, home phone and work phone (if applicable).

Race/Ethnicity - Circle one or more of the race options as they pertain to applicant. Check whether or not applicant considers themselves to be of Hispanic or Latino ethnicity. *Note: These are for statistical purposes only and must be reported by SRS to USDA annually.*

Is the Applicant - Check all boxes that apply to the applicant and provide the needed dates? Provide applicants Social Security Number. *Note: These are for statistical purposes only and must be reported by SRS to USDA annually.*

Check One - Check one box that applies to your current situation.

Proxy - List up to two individuals that can pick up the food box on behalf of the applicant if they are unable to.

Living Arrangements - List how many people live at the applicants address and check whether the applicant lives with a friend or relative.

Employment - List all persons living in household that are working or receiving benefits. List date of birth, how much, and how often wage benefits are received.

Not Working - List all persons living in the household who are not working including retirees and children.

Income - List applicant's dollar amounts of other benefits received (if applicable) before deductions are taken out. Proof of income must be provided and verified at time of application: i.e. paycheck stub, tax return, etc.

Check whether the applicant has ever received CSFP benefits before.

Check whether the applicant has ever received WIC benefits before.

Check whether anyone in the household is a migrant worker.

Check whether the applicant is living in a homeless shelter.

BE SURE TO READ YOUR RIGHTS AND RESPONSIBILITIES ON THE BACK OF THE APPLICATION!

BE SURE TO SIGN AND DATE YOUR RIGHTS AND RESPONSIBILITIES FORM!!