



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PARTICIPANT APPLICATION**

Is the applicant or any qualifying household member participating in CSFP at another site?

YES NO

Improper use and receipt of the 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 the CSFP.

NAME OF APPLICANT		DATE OF BIRTH
ADDRESS		COUNTY
CITY	STATE	ZIP CODE

TELEPHONE NUMBER	TOTAL NUMBER LIVING IN HOUSEHOLD
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NAMES OF HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH

For additional household members, use back of form.

<p>CHANGES MUST BE REPORTED</p> <p>Participants must report changes in household income or composition within 10 days after the change becomes known to the household.</p>	<p>Indicate the source and amount of current income before any deductions, such as taxes and social security. This amount must include income of all household members. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc. If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.</p>		
	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
	Gross Salary, Wages		
	Social Security		
	Public Assistance (Welfare)		
	Child Support (Alimony)		
	Pensions/Retirement		
	Self-Employment		
	Unemployment		
	Other Income		
Total Household Income			

RACIAL ETHNIC DATA (OPTIONAL) Mark your race? (Select one or more)

<p>Are you of Hispanic or Latino origin?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

NAME OF APPLICANT

BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:

- ✓ Standards for participation in the program are the same for everyone regardless of race, color, national origin, sex, age, and disability, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.
- ✓ You may appeal any decision made by the local agency regarding your denial or termination from the program. Local agency will provide notification of a decision to deny or terminate CSFP benefits.
- ✓ You will be given nutrition, health, and social services referral information and are encouraged to seek needed assistance.
- ✓ You must report changes in household income or composition within 10 days after the change becomes known to the household.
- ✓ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.
- ✓ I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.
- ✓ I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.
- ✓ I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. 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 OR GUARDIAN ▶	DATE
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UPDATE INFORMATION, SIGN AND DATE FOR CERTIFICATION AFTER ON WAITING LIST ▶	DATE
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FOR CERTIFYING AGENCY USE ONLY

<input type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED	<input type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED	<input type="checkbox"/> INCOME ELIGIBLE
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<input type="checkbox"/> SSI, SNAP, MEDICARE INFO GIVEN	APPLICANT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CASELOAD AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
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WRITTEN NOTICE GIVEN <input type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION	DATE OF WRITTEN NOTICE
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<input type="checkbox"/> ADDED TO WAIT LIST-DATE	DATE CERTIFIED
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SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

PERIOD OF CERTIFICATION	
BEGINNING MONTH/YEAR	ENDING MONTH/YEAR

DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)
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Instructions for CSFP (Senior Commodities) Application Completion.

(MUST BE 60 YEARS OF AGE TO PARTICIPATE IN CSFP.)

Name and Date of Birth: Fill in the applicant's name and date of birth. **Proof of name and date of birth must be provided.** Acceptable forms of proof include: driver's license, state issued identification card, state issued birth certificate, hospital issued certificate of live birth, or passport.

Address, City, Zip Code, and County: Fill in the applicant's current address. **Proof of current address must be provided.** Acceptable forms of proof include: driver's license, state issued identification card, bills mailed to the address, lease, and rent receipts.

Mailing Address: If the applicant's mailing address differs from the applicant's physical address, **please write the mailing address in the margin of the application** since the application does not provide a place for it.

Phone Number: List any phone numbers that can be used to reach the applicant, if applicable.

Living Arrangements: Write the number of people living at the applicant's address.

Household Members: List all persons living in the household (other than applicant). Also list each person's age and date of birth

Household Income: In the amount column, **list the dollar amounts** for each type of income on the list. **Note: provide the amount before deductions (gross income).** In the How Often Received column, indicate if the income is weekly, bi-weekly, monthly, etc. If you receive food stamps, please write that amount on the line for Public Assistance and write food stamps in the how often received column.

CSFP Gross Income Limit - 150% of Federal Poverty Income Guidelines (MUST COUNT ALL INCOME FOR ALL PEOPLE LIVING IN THE HOME)		
Household Size	Monthly Income	Annual Income
1	\$1,995	\$23,940
2	\$2,705	\$32,460
3	\$3,415	\$40,980
4	\$4,125	\$49,500
5	\$4,835	\$58,020
6	\$5,545	\$66,540

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

Back of the Application:

1. Read your rights and responsibilities.
2. Release of information statement: check yes or no.
3. **DON'T FORGET TO SIGN AND DATE THE APPLICATION.**

ATTENTION!! IF YOU WOULD LIKE SOMEONE TO BE ABLE TO PICK UP YOUR FOOD BOX FOR YOU (PROXY): Up to two people can be authorized to pick up the applicant's commodities. The proxy form is valid for one year so to maintain authorization, the form must be renewed annually. The proxy form will be provided upon request.

SUBMIT YOUR APPLICATION, PROOF OF NAME/DATE OF BIRTH, AND PROOF OF ADDRESS

- IN PERSON AT UNITED METHODIST OPEN DOOR, 2130 E 21ST ST NORTH, WICHITA, KS
- BY EMAIL: CALL FOR EMAIL ADDRESS
- FAX: 316-267-8590
- MAIL:
CSFP – SENIOR COMMODITIES
P.O BOX 2756
WICHITA, KS 67201

USDA NONDISCRIMINATION STATEMENT

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Notice of Attendance Policy

Please be aware that the CSFP program has always had a rule that clients may be subject to termination if they miss two consecutive food box distributions. Our current policy is that if a client misses two consecutive distributions, we will mail a warning letter to inform them that they will be terminated if the next distribution is missed.

If you have extenuating circumstances (e.g. illness, death in the family, out of town travel, etc.) it is very important to communicate that with the CSFP program staff for your absence to be excused. Your termination will not be reversed if you wait until after you are terminated to contact us to explain your circumstances because your place in the program will have already been given to someone on the wait list.

It is very important that you provide any address changes to the CSFP program staff so that you receive any correspondence that is sent to you. It is your responsibility to make sure the correct address is on file in order for you to receive all program correspondence.

CSFP Program Referrals



Food Assistance (SNAP): The Food Assistance Program (formerly known as the Food Stamp Program) helps people with little or no income. For those who are eligible, it provides benefits to buy nutritious food, even vegetable plants and seeds. For questions or to receive a paper application, call 1-888-369-4777. You can also apply online at www.dcf.ks.gov

Medicaid: The Medicaid program in Kansas is called KanCare. KanCare offers health insurance coverage for children, pregnant women, families with children, elderly, and adults and children with disabilities. For questions or to receive a paper application, call 1-800-792-4884. For more information or to apply online, visit the KanCare website at www.applyforkancare.ks.gov

Medicare Savings Program: Kansas has 3 Medicare Savings Programs (MSP). MSP are programs that help people on Medicare save money if they have limited income and resources. An MSP can pay all or part of your Medicare Part A, Part B and Part D premiums, deductibles, and co-pays. For questions or to receive a paper application, call 1-800-792-4884. For more information or to apply online, visit the KanCare website at www.applyforkancare.ks.gov

Low Income Energy Assistance Program (LIEAP): LIEAP is a Federally funded program that helps eligible households pay a portion of their home energy costs by providing a one-time per year benefit. The beginning of the LIEAP application period varies from year to year. The deadline for applying is 5 pm on the last business day of March. Contact DCF for exact dates. During the application period, you can apply online www.dcf.ks.gov. For questions or to receive a paper application, call 1.888.369.4777.

Supplemental Security Income (SSI): SSI is a federal program that provides monthly payments to people who have limited income and few resources. SSI is for people who are 65 or older, or those of any age who are blind or have disabilities. For questions you can call 1-800-772-1213 or visit www.ssa.gov. To start an online application, visit www.ssa.gov/benefits/ssi. You can request an appointment with your local Social Security office to apply in person by calling 1-800-772-1213 or at www.ssa.gov/benefits/ssi/start.html

Kansas Department for Aging and Disability Services (KDADS): KDADS administers long-term services and support programs throughout the state to assist older adults and people with disabilities. For information, call 1-800-432-3535.

Kansas Aging and Disability Resource Center (ADRC): ADRC provides information, advice, counseling, and assistance; helps people to make informed decisions about their long-term services and support; and helps people access public and private programs. The ADRC serves people with all levels of income. For more information, call 1-855-200-2372.

Kansas Senior Farmers Market Nutrition Program (KSFMNP): KSFMNP provides annual benefits to low-income seniors to purchase fresh fruit and vegetables, herbs and honey to authorized farmers at Farmers Markets in Kansas. For more information visit <https://www.kdhe.ks.gov/2015/Farmers-Market-Program-Map>



United States
Department of
Agriculture

The Commodity Supplemental Food Program (CSFP) Written Notice to Beneficiaries and Prospective Beneficiaries

Agency Name: United Methodist Open Door Contact e-mail: administration@umopendoor.org

Because this program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

- We may not discriminate against you based on religion or a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by our organization; and any participation by you in such activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with direct Federal financial assistance; and
- You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint by mail, fax, or e-mail at:
 - **Mail:**
United States Department of Agriculture Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410
 - **Fax:** (202) 690-7442
 - **Email:** program.intake@usda.gov
- If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact:
The USDA Hunger Hotline:
 - **By Phone:**
1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM - 10:00 PM Eastern Time.
 - **By Text:**
914-342-7744 with a question that may contain a keyword such as "food," "summer," "meals," etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS