CSFP Application

Distribution Site: _____

State of Alaska Commodity Supplemental Food Program _____

The Applicant's eligibility for CSFP is based upon the following statements.
A separate application is required for each Applicant

Applicant's Information:		**Are you 60 years or older? Yes [ ] No [ ]**
Name (First, Middle, Last)		**Birth Date**
Home address		**Apartment or suite number**
City	**State**	**ZIP Code**
Mailing address (if different from Home address)		**Apartment or suite number**
City	**State**	**ZIP Code**
Cell phone number	**Home phone number**	**Other phone number (proxy, etc)**
Email address: (optional)		

What is your ethnic category? (select only one) [ ] Hispanic or Latino [ ] Not Hispanic or Latino

What is your race? (select one or more) [ ] American Indian or Alaska Native [ ] Asian

[ ] Black or African American [ ] Native Hawaiian or Pacific Islander [ ] White

Racial and/or ethnic data collected on this has NO EFFECT on the eligibility determination of the applicant.

Household Information:

How many people are living in your household? | Primary Language:

Gross household income: $ per [ ] month or [ ] year

Did anyone in your household receive the latest Alaska Permanent Fund Dividend (PFD)? [ ] Yes [ ] No

If yes, how many? _____ Did you include the PFD in your total income stated above? [ ] Yes [ ] No

(Your PFD or other garnished income is considered income even though it is garnished and must be added to your total household income)

Proxy Information:

If you would like to give permission to someone to pick up your CSFP food box on your behalf, please provide their name(s):

Office Use/Verification:

ID Verification: [ ] Birth Certificate [ ] Driver's License [ ] ID Card [ ] Other _____

Eligibility Letter given: [ ] YES

Reviewed by: _____

Status	Date	End Date	Initials
Certification ☐			
Waitlist ☐			
Termination ☐			
Termination Reason:			

CSFP Rights and Responsibilities

Before signing, know your rights and responsibilities under the Commodity Supplemental Food Program (CSFP). By signing below, I am saying that I understand: (Reading help is available.)

- 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 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 check mark in the appropriate box.) ☐ yes ☐ no

- The local agency will make nutrition education available to all adult participants, and will encourage them to participate.
- The local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- Improper use or 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 must report changes in household income or composition within 10 days after the change becomes known to the household.
- I agree to inform the CSFP partner agency within 10 days of any changes in my contact information (i.e. my home address or phone number), my income, or my household composition.
- If I do not pick up my commodity foods for two months in a row, I may be considered an "inactive" CSFP participant and removed from the program. If I choose to remain a participant in CSFP, I must notify the CSFP partner agency and participate within the current certification period of my original application date.
- CSFP recipients who are removed from the program for being "inactive participants" are allowed to re-apply for benefits by filling out another CSFP application. If a waiting list exists, however, I understand my application will go on the list according to the date it was received.
- I must fill out a new CSFP application once every three years. Once a year, I will need to verify my address, income and my interest in continuing with the program.
- I will treat all CSFP staff with courtesy and respect. Failure to do so may result in termination of assistance.

Applicant OR Guardian/POA Signature: _____Date_____

Printed name of Applicant OR Guardian/POA: _____Date_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: Program.Intake@usda.gov

This institution is an equal opportunity provider.