



# CSFP Application

Applicant

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female

Physical Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

# of people in Your Household \_\_\_\_\_

# of Adults \_\_\_\_\_ # of children \_\_\_\_\_

# of Adults over 60 \_\_\_\_\_

## TOTAL Household Income

\$ \_\_\_\_\_

(Total \$ of everyone in household)

Week  Month  Annual

- Source of Income:**  Disability
- Pension  Social Security
- Unemployment  SSI  Employment

## Proof of ID Used to Prove Residency:

- Driver's License
- State Issued Identification Card
- Voter Registration Card
- Two Copies of Recent Correspondence
- Rental Lease

Are you Hispanic or Latino?  Yes  No

What is your race?  American Indian or Alaska Native  Asian  White  Black or African American  Native Hawaiian or Other Pacific Islander

## CERTIFICATION STATEMENT

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 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 program for use in determining 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**

\*\* I release the CSFP administrating agency, its officers, employees, and volunteers from any liability resulting from the CSFP distribution and agree to hold them harmless against all liabilities, damages, losses, claims, causes of action and suits of law or inequity or obligation whatsoever arising out of or attributed to any actions during the implementation of the CSFP program.

**PLEASE INDICATE DECISION BY PLACING A CHECKMARK IN THE APPROPRIATE BOX:  YES  NO**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Site Name: \_\_\_\_\_

County:    Sussex                      Kent                      NCC

\*\*\*\*\*

Date Application Approved: \_\_\_\_\_

Date Application Declined: \_\_\_\_\_

If you are mailing this application please mail to:  
222 Lake Dr.  
Newark DE, 19702

**Please reverse side for Participant's Rights and Responsibilities, Participants Termination Statement.**

## **Written Notice of Beneficiary Rights and the complete Civil Rights Statement**

### **PARTICIPANT'S RIGHTS AND RESPONSIBILITIES**

1. You have the right to be given notification of any decision to deny or terminate CSFP benefits, and you have the right to appeal this decision by requesting a fair hearing.
2. You have the right to receive nutrition education information.
3. You have the right to be provided with information on other nutrition, health, or assistance program, and make referrals as possible.
4. 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.
5. **Participants must report changes in address, household income and household composition (size of household) within 10 days after the changes become know to the household.**

### **CSFP – PARTICIPANT'S TERMINATION**

I understand that automatic termination may take place should any of the following conditions occur:

- a. Do not meet approved eligibility standards/guidelines
- b. Overdue for recertification or failure to pick to foods for two or more months
- c. Violate CSFP regulation, policies and procedures, rules and/or guidelines, etc.
- d. Receive CSFP benefits from more than one CSFP site
- e. Intentionally making any false or misleading statements or intentionally withholding information pertaining to eligibility
- f. Sell or exchange commodities obtained for food and/or non-food items
- g. Physical abuse or threat of physical abuse of CSFP staff or representative
- h. Become institutionalized or deceased
- i. Budgetary constraints

### **Written Notice of Beneficiary Rights**

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 on the basis of religion or 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 us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no

objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and

- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in our program or receive services from the program, as required by 7 CFR part 16.

### **Civil Rights Statement**

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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.