

DATE: _____
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) APPLICATION
Must be 60 years of age to participate in CSFP.

Applicant: _____
Last Name First Name Middle Initial

Mailing Address: _____
Number Street City Zip County

Physical Address: _____
Number Street City Zip County

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

RACIAL/ETHNIC DATA COLLECTION REQUIREMENT:

What is your ethnic category? Hispanic or Latino or Not Hispanic or Latino

Select your race? American Indian or Alaskan Native Asian Black or African American
(Select one or more) Native Hawaiian or other Pacific Islander White

Number of People in Household Including Applicant: _____

<u>Household Members:</u>	<u>Age:</u>	<u>Date of Birth:</u>	<u>Relationship:</u>

HOUSEHOLD INCOME:

SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN
Wages, Salary		
Social Security		
Public Assistance (TANF)		
Pension/Retirement (non-SS)		
Self-Employment		
Unemployment		
Other (Specify)		
Other (Specify)		
TOTAL HOUSEHOLD INCOME:		

INCOME DIRECTIONS: Income should be as current as possible (previous month's). Indicate source, amount and how often received (weekly, monthly, bi-weekly, quarterly, annually) Income before deductions such as taxes and SS. **MUST INCLUDE INCOME OF ALL HOUSEHOLD MEMBERS.** If income inconsistently received, then project it on an annual basis. "Other, Specify" could be income from commissions, strike benefits, income from trusts, contributions from relatives, etc.
SNAP BENEFITS (Food Stamps) do not count as income.

(Total Must Not Exceed 150% of the current Federal Poverty Level Guidelines)

Continue on reverse side of this form.



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Identification provided: Driver's License Birth Certificate Alternate ID (Specify): _____

The following individuals are authorized to act as my representative for CSFP to pick up food box:

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

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 aware I may not receive CSFP benefits at more than one CSFP site at the same time. I am also 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 checkmark in the appropriate box.)
 Yes No

SIGNATURE OF APPLICANT

DATE

- You will be notified of your eligibility, eligibility and placement on a waiting list, or ineligibility within 10 days of receipt of this correctly completed and signed application by the local CSFP agency.
- You may appeal any decision made by the local agency regarding your denial or termination from the program. You have a right to a fair hearing.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

NEW CERTIFICATION: ELIGIBLE NOT ELIGIBLE

Ineligibility reason: _____

Certification for 1 year from _____ to _____. ID VERIFIED: _____

SIGNATURE OF CERTIFIER

TITLE

DATE

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:

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

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

email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Written Notice of Beneficiary Rights

Name of Organization:

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

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov
5. 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:

State Agency Contact Information:

Montana DPHHS Intergovernmental Human Services Bureau
Food Distribution Programs
(406) 447-4262
Karea.Anderson2@mt.gov

AND/OR

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.