

# APPLICATION FOR COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

CSFP Partner Agency: \_\_\_\_\_

(ONE APPLICATION PER PERSON)

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

**1. Applicant Category (check only one box):**

- SENIOR age 60 or older
- PREGNANT
- POSTPARTUM mother
- CHILD between 1 & 6 years old
- INFANT under 1 year old

**2. Is the Applicant currently on WIC?**

- YES  NO

**3. Does the Applicant meet the Federal income eligibility guidelines for CSFP provided by this agency?**

- YES  NO

**Please print and complete all information.**

Name of Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle)

Name of Parent/Guardian (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_, AK Zip \_\_\_\_\_  
Street or PO Box Apt # City

Physical Address (if different): \_\_\_\_\_, AK Zip \_\_\_\_\_  
Street Apt # City

Home Phone \_\_\_\_\_ Message Phone: \_\_\_\_\_

Are you Hispanic or Latino? (*Please choose only one*):  YES  NO

What is your race? (*Please choose one or more*)  Alaska Native/American Indian;  Asian;

Black/African American;  Native Hawaiian/Pacific Islander;  White.

Racial and/or ethnic data collected on this form has *NO EFFECT ON THE ELIGIBILITY DETERMINATION OF THE HOUSEHOLD.*

Primary language: \_\_\_\_\_ How many people in your household? \_\_\_\_\_

Total household income before deductions: \$\_\_\_\_\_ per  month,  year.

Did anyone in your household receive the latest AK Permanent Fund Dividend?  yes  no If yes, how many? \_\_\_\_\_

If yes, did you include this amount in your total household income listed above?  yes  no

Is the Applicant on any of these programs? Medicaid:  yes  no Food Stamps:  yes  no ATAP:  yes  no

WIC:  yes  no – *I understand it is illegal for the recipient to be on CSFP and WIC at the same time.*

**CSFP Agency Use Only:**  Eligible  Ineligible Date of Certification: \_\_\_\_\_

**Category:**  IN  CH  PG  PP  SR

For PP/PG applicants please list expected or actual date of baby's birth: \_\_\_\_\_ Date eligibility will end for child: \_\_\_\_\_

Signature of certifying official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of certifying official: \_\_\_\_\_ Phone: \_\_\_\_\_

**Before signing, know your rights and responsibilities under the Commodity Supplemental Food Program (CSFP). By checking the “yes” box next to the statements listed below, I am saying that I understand:**

- 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. Improper use of benefits due to dual participation or other program violations may lead to recovering value of benefits and program disqualification  yes  
 no
- **I am also aware that I may not receive both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time.**  yes  
 no
- 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.  yes  
 no
- 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.  yes  
 no
- Standards for CSFP are the same for everyone regardless of race, color, national origin, sex, age, disability, or political belief. To file a complaint of discrimination, write: USDA, Director; Office of Civil Rights; Room 326-W, Whitten Building; 1400 Independence Avenue, S.W.; Washington D.C. 20228; (202)750-9410 or call (202) 720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.  yes  
 no
- I CANNOT trade/sell CSFP food or purchase /use someone else's CSFP food for my household.  yes  
 no
- 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.  yes  
 no
- 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.  yes  
 no
- 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.  yes  
 no
- I must fill out a new CSFP application twice a year. Seniors may recertify after 6 months providing address and income/eligibility are still current.  yes  
 no

If you disagree with the denial or termination of assistance, you can request a Fair Hearing within sixty (60) days of the decision, by contacting State of Alaska Family Nutrition Programs at 130 Seward Street, Room 508, Juneau, Alaska 99801; or call 907 465-3100. A request for a Fair Hearing shall be personally presented, either orally or in writing. A request for an informal review must include: 1) name, address and contact phone number, 2) the reason for the grievance, 3) the action or relief sought; and 4) signature of applicant or representative. A Hearing Officer will arrange a date, time and place convenient to both you and Family Nutrition Programs. In preparing for the hearing you have the right to examine any documents, including records and regulations that are directly relevant to the hearing. You have the right to be represented by counsel or any other person chosen as your representative. You have the right to a private hearing unless you request a public hearing. You have the right to present evidence and arguments in support of your grievance and to controvert evidence. You also have the right to cross-examine all witnesses. The Hearing must render a decision within (14) days of the hearing. The decision of the Hearing Officer will be final.

APPLICANT or GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Printed Name of Applicant or Parent/Guardian: \_\_\_\_\_

My approved alternate(s) (full name): \_\_\_\_\_  
If you would like to give permission for someone to pick up food on your behalf, please name them here.

**CSFP Agency Use Only:** If an application is signed by someone other than the applicant (excluding applicants under the age of 18), CSFP regulations require CSFP agencies to see Power of Attorney paperwork. Power of Attorney paperwork reviewed by the Certifying Official?  
 yes  no Certifying Official's Initials \_\_\_\_\_