

PARTICIPANT APPLICATION

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Name: _____

Date of birth: ____/____/_____

Number of people in household: _____

CSFP Income Eligibility Guidelines

Effective March 11, 2021

Based on 130% of Federal Poverty Guidelines			
Household Size	Yearly	Monthly	Weekly
1	\$16,744	\$1,396	\$322
2	\$22,646	\$1,888	\$436
3	\$28,548	\$2,379	\$549
4	\$34,450	\$2,871	\$663
5	\$40,352	\$3,363	\$776
6	\$46,254	\$3,855	\$890
For each extra person, add:	+\$5,092	+\$492	+\$114

List the total gross income of all household members before any deductions or expenses. SNAP benefits do not count as income.

\$_____ Yearly or \$_____ Monthly or \$_____ Weekly

Address: _____ Unit/apt. number: _____

City: _____ Zip code: _____ Phone number (optional): _____

Ethnicity (select one): Hispanic or Latino Not Hispanic or Latino

Race (select one or more):

Black or African American Native Hawaiian or Other Pacific Islander

American Indian or Alaskan Native Asian

White

AUTHORIZATION OF PROXY (optional)

Participants may designate proxies who can sign and pick up food on their behalf.

Name of proxy: _____

Phone number of proxy: _____

Dates of proxy authorization: ____/____/_____ to ____/____/_____

CONTINUED ON REVERSE →



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 have received notice of my **Participant Rights and Responsibilities** (Form 1516). Yes

A **Written Notice of Beneficiary Rights** was made available. Yes

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 a decision by placing a checkmark in the appropriate box.) Yes No

Applicant or Proxy's Signature: _____ **Date:** ____/____/_____

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, 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
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

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INTAKE STAFF OR VOLUNTEER ONLY

Site name: _____

Eligible — Applicant is eligible when they meet income, residency, and age requirements.

Dates of certification: ____/____/_____ to ____/____/_____

Eligible and on wait list

Ineligible — I have been advised in writing that I am ineligible to participate in the CSFP and have the right to a fair hearing. I am ineligible to participate based on the following criteria: **Income** **Residency** **Age**

Certifier signature: _____



Participation Application Supplemental Questionnaire

Commodity Supplemental Food Program (CSFP)

Central Texas Food Bank

1. Applicant Name (last, first):

2. Marital Status:

- Single
- Married
- Common-Law
- Divorced
- Separated
- Widowed
- Undisclosed

3. Housing Type:

- Emergency Shelter/Mission/ Transitional
- Evacuee
- Own Home
- Private Rental
- Public (Social) Housing
- With Family/ Friends
- Unhoused
- Undisclosed

4. Identification Type:

- Driver's License
- Texas Identification Card
- Passport
- Permanent Resident Card
- Other (please specify):-----

5. Language(s) Spoken:-----

6. Self-Identifies As:

- Disability
- New Immigrant
- Veteran
- Refugee
- Evacuee
- Mental Illness
- Undisclosed

Only complete #s 7-9 if the applicant lives with additional people.

7. Household Member Information:

- Name (last, first):-----
- Date of Birth: -----
- Gender: -----
- Relationship to applicant:-----
- Monthly Income Amount: -----
- Monthly Income Type:-----

8. Additional Household Member Information:

- Name (last, first):-----
- Date of Birth: -----
- Gender: -----
- Relationship to applicant:-----
- Monthly Income Amount: -----
- Monthly Income Type:-----

9. Additional Household Member Information:

- Name (last, first):-----
- Date of Birth: -----
- Gender: -----
- Relationship to applicant:-----
- Monthly Income Amount: -----
- Monthly Income Type:-----

10. Highest Level of Education: -----

11. Employment Type:

- Full-Time
- Part-Time
- Retired
- None

12. Income Type:-----

13. Dietary Considerations:

- Diabetic
- Food Allergy: -----
- Vegetarian
- Other: -----

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*Completion of this questionnaire is not required to participate in the CSFP,
but helps the Central Texas Food Bank serve CSFP Participants.*



Cuestionario Suplementario de Solicitud de Participación
Programa de Alimentos Suplementarios de Productos Básicos
Central Texas Food Bank

1. Nombre del solicitante (apellido, nombre):

2. Estado civil:

- Soltero
- Casado
- Unión de hecho
- Divorciado
- Separado
- Viudo
- No revelado

3. Housing Type:

- Refugio de emergencia / Misión / Transición
- Evacuado
- Casa propia
- Alquiler privado
- Alojamiento público (social)
- Con Familia / Amigos
- Sin alojamiento
- No revelado

4. Identification Type:

- Licencia de conducir
- Tarjeta de identificación de Texas
- Pasaporte
- Tarjeta de Residente Permanente
- Otro (Por favor especifique):

5. Idioma(s) hablado(s):-----

6. Autoidentifica como:

- Discapacidad
- Nuevo Inmigrante
- Veterano
- Refugiado
- Evacuado
- Enfermedad Mental
- No revelado

Sólo completar #s 7-9 si el solicitante vive con personas adicionales.

7. Información del miembro del hogar:

- a. Nombre (apellido, nombre): -----
- b. Fecha de nacimiento: -----
- c. Sexo: -----
- d. Relación con el solicitante: -----
- e. Cantidad de ingresos mensuales: -----
- f. Tipo de ingreso mensual:-----

8. Información de miembro adicional del hogar:

- a. Nombre (apellido, nombre): -----
- b. Fecha de nacimiento: -----
- c. Sexo: -----
- d. Relación con el solicitante: -----
- e. Cantidad de ingresos mensuales: -----
- f. Tipo de ingreso mensual:-----

9. Información de miembro adicional del hogar:

- a. Nombre (apellido, nombre): -----
- b. Fecha de nacimiento: -----
- c. Sexo: -----
- d. Relación con el solicitante: -----
- e. Cantidad de ingresos mensuales: -----
- f. Tipo de ingreso mensual:-----

10. Nivel más alto de educación:-----

11. Tipo de empleo:

- Tiempo completo
- Medio tiempo
- Jubilado
- Ninguno

12. Tipo de ingreso:-----

13. Consideraciones dietéticas:

- Diabético
- Alergia alimentaria: -----
- Vegetariano
- Otro: -----

Esta institución es un proveedor de igualdad de oportunidades.

*No se requiere completar este cuestionario para participar en el CSFP,
Pero ayuda al Central Texas Food Bank a servir a los participantes del CSFP.*

Commodity Supplemental Food Program
Participant Rights and Responsibilities

1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
2. CSFP benefits are provided in connection with the receipt of federal assistance. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under state and federal law.
3. I may appeal any decision made by the food pantry or food bank regarding my eligibility for CSFP. A request for a fair hearing can be submitted to the food pantry or to the food bank by telling them I want to appeal.
4. Health services referrals and nutrition education will be made available to me and I am encouraged to participate in these services.
5. I understand that I can request a referral to a non-religious site.
6. I understand that participating at more than one CSFP site at the same time is not allowed and might lead to disqualification from CSFP.
7. I understand that I must report changes in household income, or changes in the composition of the household, within ten days.
8. If approved for participation in CSFP, consecutive failure to pick up food as directed may result in being dropped from CSFP with 15 days' written notice.
9. I understand that if I choose to send a proxy (an alternate person) to pick up my food, the proxy must 1) be listed as a proxy on my Participant Application or in my file, 2) present my appointment card, if requested, 3) provide his or her identification, and 4) sign for the food package.
10. I understand that the food provided by CSFP is intended for the participants for whom they are supplied.
11. I consent to the release of information to the following: 1) CSFP staff 2) another CFSP agency, if I wish to transfer; 3) other health or welfare programs, to prevent dual participation; 4) USDA; 5) TDA; 6) the food pantry; or 7) the food bank.
12. I have been advised of my rights and obligations under CSFP.
13. I understand that I must not sell nor exchange USDA Foods for nonfood items.
14. I understand that physical abuse, or the threat of physical abuse, of CSFP staff is a program violation. My participation in CSFP may be terminated for this and for other program violations.

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