

**Certification and Food Package Pick-Up**

**YEAR ONE**

Commodity Supplemental Food Program (CSFP)

Applicant will be informed of their eligibility or ineligibility for CSFP benefits, or placement on a waiting list, within 10 days from the date of application.

Last Name of Participant	First Name	MI	Date of Birth	County	Date Cert. Begins / /
Street Address	City	Zip Code	Phone		Date Cert. Ends (+ 2 yrs) / /

<b>Certification Questions</b> If all 3 are "yes" applicant is qualified. <input type="checkbox"/> Yes <input type="checkbox"/> No ID indicates <b>age 60 or over</b> , first time only. <input type="checkbox"/> Yes <input type="checkbox"/> No Shows proof of <b>address within service area</b> . <input type="checkbox"/> Yes <input type="checkbox"/> No Self declares <b>income is at or below</b> guideline.	Proxy #1: (Please print full name)
	Proxy #2: (Please print full name)

<b>Race</b> (check all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White  <b>Ethnicity</b> (must check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>SIGNATURE</b>		<b>Date</b>	<b>CSFP Initial</b>	Nutrition Education or Information Given
	Recipient of Food Participant or proxy ID required for each issuance				
	1.				
	2.				
	3.				
	4.				
<b>PARTICIPANT/PROXY:</b> <b>By signing this,</b> I certify that I received a monthly package of USDA foods to be used by the above-named participant only and I understand that rules for acceptance and participation in the program are the same for all regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity.	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				

### Certification and Food Package Pick-Up

### YEAR TWO

Commodity Supplemental Food Program (CSFP)

Copy the following information from the YEAR ONE side of this form:

Last Name of Participant	First Name	MI	Date of Birth	County	Date Cert. Ends / /
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<b>Extended Certification Questions:</b> If both answers are “yes” - certification may continue another year. If one or more “no” - follow policy to end certification. <input type="checkbox"/> Yes <input type="checkbox"/> No    Verbally verifies current <b>address is within service area.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Declares <b>income has not changed/is</b> at or below guideline.	Proxy #1: (Please print full name)
	Proxy #2: (Please print full name)

<b>PARTICIPANT/PROXY:</b> By signing this, I certify that I received a monthly package of USDA foods to be used by the above-named participant only and I understand that rules for acceptance and participation in the program are the same for all regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity.	SIGNATURE		Date	CSFP Initial	Nutrition Education or Information Given	
	Recipient of Food Participant or proxy ID required for each issuance					
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
12.						

When this side of the form is complete, it is time to re-certify on a new form.