



Certification and Food Package Pick-Up

Commodity Supplemental Food Program (CSFP)

Last Name of Participant		First Name		MI	Date of Birth	County	Certification Period Date Cert. Begins / / Date Cert. Ends (+ 1 year) / / Benefits may not be issued after this date until new certification form is completed. (See back.)
Street Address		Apt.	City		Zip Code	Phone	
Proxy #1: (Please print full name)			Proxy #2: (Please print full name)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Presents ID indicating age 60 or over - first cert only.		If all three answers are "Yes," person is eligible to participate in CSFP. If one or more answer is "No," give Participant Determination Letter.			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Shows proof of address within service area.					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Self declares current income is at or below guideline .					
Race (check all that apply) <input type="checkbox"/> American Indian or 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 Ethnicity (check one) <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino		SIGNATURE – Recipient of Food Participant or proxy ID required for each issuance			Date Signed	Staff Initials	Nutrition Education or Information Given
		1.					
		2.					
		3.					
		4.					
		5.					
		6.					
Extended Certification - at month 7 <input type="checkbox"/> Yes <input type="checkbox"/> No Want to stay on CSFP? <input type="checkbox"/> Yes <input type="checkbox"/> No Same address? <input type="checkbox"/> Yes <input type="checkbox"/> No No changes to income? If all "yes," issue benefits for six more months. If one or more "No," proceed according to policy.		7.					<input type="checkbox"/> Extended Cert Completed
		8.					
		9.					
		10.					
		11.					
		12.					

PARTICIPANT/PROXY: With each signature I certify that the USDA foods received will be used by the above-named participant only; I release USDA/FNS, the State of Wisconsin and any agency or person distributing federal commodities from any liability resulting from receipt of this food; participant lives in the service area and household income is at or below the guidelines for this program; and I understand that rules for acceptance and participation in the program are the same for everyone regardless of race, color, religion, national origin, age, sex or disability.