



Participant Agreement, Rights & Responsibilities

Commodity Supplemental Food Program (CSFP)

Welcome to Wisconsin CSFP!	Your pick-up site:	Your pick-up day:
	You or your proxy will be asked to present an ID each time you pick up your food package.	
	For questions contact:	

Your certification will expire two years from the date you signed this form. If you miss two pick-up in a row, your enrollment may expire. **Please call if you cannot pick-up** your food package.

If you **miss your food package pick-up**, contact the program to find out how you might be able to receive it. After the last day of the month, once the new month begins, you will not be able to receive that month's food package.

Your application and enrollment in the CSFP is in connection with the receipt of federal assistance. As a participant in CSFP, it is important that you understand your **rights and responsibilities** as listed below.

As a CSFP Participant you have the following RIGHTS:

- To be treated fairly and with respect. If you have not been treated fairly, ask for a hearing in writing or in person within 60 days.
- To be treated the same regardless of your race, color, national origin, sex, disability, age or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- To be told why you qualify for the CSFP.
- To receive nutrition information along with the supplemental food package.
- To be told where to get other health or community services you might need.

Do you authorize the release of information about you, provided on the application for determining your eligibility to other assistance programs you may benefit from and for program outreach? YES NO

By signing your name below, you agree to the following RESPONSIBILITIES:

- You will teach your proxy (if someone else will come to get your benefit) how to pick up food for you.
- You will be honest and to not abuse the program. You agree to:
 - ▶ treat CSFP staff and other participants with respect.
 - ▶ not participate or try to participate in more than one CSFP site or program at the same time.
 - ▶ not try to or actually sell, exchange, or barter CSFP foods.
 - ▶ not give CSFP foods to someone who is not the CSFP participant.
- You certify that the information provided for eligibility determination is correct to the best of your knowledge and you understand that program officials may verify information provided or share with other organizations to detect and prevent dual participation.
- You understand that intentionally giving false or misleading information or intentionally not giving information asked of you may result in removal from the program, having to pay money back for CSFP food you should not have received and/or be subject to prosecution under applicable State and Federal statutes.
- You acknowledge that you have been advised of your rights and obligations under the program and have read or had read to you, the Participant Agreement, Rights and Responsibilities (this document.)
- You will let CSFP staff know of any changes to your income, number of people living in your home, address or telephone number. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Participant Name (Print)

SIGNATURE – CSFP Participant or Proxy	Date Signed
SIGNATURE – CSFP Staff	Date Signed

See other side of this page for the USDA non-discrimination statement.

USDA Nondiscrimination Statement

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: [How to File a 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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