CSFP 2024

PARTICIPANT APPLICATION

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

Name: _____

Date of birth: _____/_____/_____ **Number of people in household:** _____

CSFP Income Eligibility Guidelines

Effective Febuary 6, 2024

Based on 130% of Federal Poverty Guidelines			
Household Size	Yearly	Monthly	Weekly
1	$19,578	$1,632	$377
2	$26,572	$2,215	$511
3	$33,566	$2,798	$646
4	$40,560	$3,380	$780
5	$47,554	$3,963	$915
6	$54,548	$4,546	$1,049
For each extra person, add:	+$6,994	+$583	+$135

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:_____

This proxy authorization starts today and lasts until the end of the 3-year certification period unless a specific end date is provided here: _____/_____/_____

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
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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20 P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted 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: _____

CTFB SUPPLEMENTAL INTAKE FORM

The following questions are optional and will not affect your ability to receive food assistance.

If you prefer not to answer this section, skip these questions and turn in your form.

1. Email Address: _____

2. What additional assistance do you receive? **(Please check all that apply)**

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ National School Lunch Program (NSLP) (free or reduced-price meals)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Social Security
- ☐ Texas Women's Health Program
- ☐ Veterans' Benefits
- ☐ WIC
- ☐ Medicare
- ☐ CHIP
- ☐ Other: _____

3. Gender: ☐ Female ☐ Male ☐ Other ☐ Prefer not to answer

4. How many **children (0-17)** live in your household? _____

5. How many **people 60 and older** live in your household? _____

6. How many **veterans** live in your household? _____

7. How many **active-duty military members** live in your household? _____

8. How many **college students** live in your household? _____

9. What is your preferred language?

- ☐ English
- ☐ Español (Spanish)
- ☐ American Sign Language
- ☐ العربية (Arabic)
- ☐ Bosanac (Bosnian)
- ☐ မြန်မာအက္ခရာ (Burmese)
- ☐ 中文(Chinese)
- ☐ tʃɛk (Czech)
- ☐ Français (French)
- ☐ ˈheɪʃən ˈkriːoʊl (Haitian Creole)
- ☐ हिन्दी (Hindi)
- ☐ 한국어 / 조선말 (Korean)
- ☐ پښتو (Pashto)
- ☐ Kiswahili / كِسْوَهِيلِ (Swahili)
- ☐ ትግርኛ (Tigrigna / Tigrinya)
- ☐ Tiếng Việt (Vietnamese)
- ☐ Other

_____

Central Texas Food Bank Client Release of Information

I acknowledge my information will be stored in a secure database, Oasis Insights, and used by CTFB and the pantry providing assistance to improve services offered to my community and me. Any reports that use my data will not reveal my identity.

By consenting to release my information, I agree to share my information with the Central Texas Food Bank (CTFB) and their partners to make it easier for me to access food at other pantries in the CTFB network. By not consenting, I agree only to share my information with this agency and CTFB.

☐ YES ☐ NO

CENTRAL TEXAS FOOD BANK

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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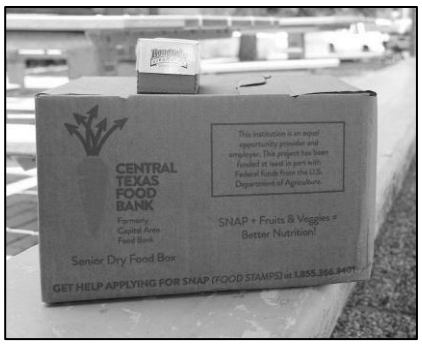

Welcome to CSFP!

What is CSFP? The Commodity Supplemental Food Program (CSFP) provides older adults ages 60+ with cheese and a box of shelf-stable groceries every month. The Central Texas Food Bank runs this program.

The Texas Department of Agriculture recommends that you use all the food in your CSFP package yourself.

When and where can I get my monthly box?

Location:

Date:

Time:

Remember your ID!

Can someone else pick up my box for me? Can I pick up a box for someone else?

Yes! A CSFP participant can authorize a proxy to pick up a box and act on their behalf. Ask CSFP distribution staff or a volunteer how to get started.

If I miss the distribution, can I get my box later?

Contact the Food Bank—you may be able to get a box at a different location later in the month. Once the month is over, you will not be able to get a make-up box.

If the Food Bank has reached its maximum number of CSFP participants and you miss two distributions in a row, you may be removed from CSFP and need to reapply.

Questions? Contact the Central Texas Food Bank at 512-282-2111 or distributionprograms@centraltexasfoodbank.org.

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CENTRAL TEXAS FOOD BANK