

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION COMMODITY SUPPLIMENTAL FOOD PROGRAM (CSFP) SFN 62427 (01-2024)

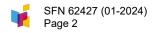


Applicant's First Name			Last Name				
Address			City		ZIP Code		
County			Telephone Number				
Date of Birth (mm/dd/yyyy)			Preferred Method Home Delivery Pick Up				
Ethnicity							
Hispanic/La	itino	Not Hispanic	/Not Latino				
Race American Ir	ndian or Alaska Native	Black or Afric	can America	an Native Haw	/aiian or	Other Pacific Islander	
Household Members (other than self)				Date of Birth (mm/dd/yyyy)		CSFP Eligible (Yes/No)	
Household Gross Monthly Income Information Earned Wages SS		nation: SSI	Public	Public Assistance		Self-Employment	
-							
Pension VA Other		Other	Total Household Size		Total Monthly Income		
Age Verification/At	testation:		L		1		

Required Identification Verified (copy of identification with case file if available):

Drivers's License Birth Certificate State ID Tribal ID

Attest applicant's age is 60 or over



Proxy Identification:

The following individuals are authorized to act as my representative or take receipt of my food pack for CSFP:						
Name	Relationship	Telephone Number				
Name	Relationship	Telephone Number				

Applicant's Rights and Responsibilities:

- The local agency will provide notification of a decision to deny or terminate CSFP benefits, and of an individual's right to appeal this decision by requesting a fair hearing;
- The local agency will make nutrition education available to participants and will encourage them to participate;
- The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate;
- Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

This must be read to or read by the applicant:

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that it is illegal to participate in the CSFP at more than one local agency and to make false or misleading statements, misrepresent, conceal or withhold facts regarding my household income. I am also aware that as a result, I could be disqualified from the program for a period not to exceed 12 months. 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 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 decision by placing a checkmark in the appropriate box.)

	Yes	No	
Signature of Applicant			Date (mm/dd/yyyy)
Signature of Certifier			Date (mm/dd/yyyy)

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/ad-3027.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; or 2) fax: (833) 256-1665 or (202) 690-7442; or 3) email: program.intake@usda.gov