



North Carolina Department of Agriculture and Consumer Services
Food Distribution Division

Steven W. Troxler
COMMISSIONER

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Contracted Agency: _____

Distributing Agency if different from Contracting Agency: _____

County Name: _____

Applicant Information (Please Print Clearly)

Applicant Name:	Date of Birth:	Age:	Sex:	Application Date:
Residential Address:	City:	State:	Zip Code:	Home Phone:
Mailing Address:	City:	State:	Zip Code:	Cell Phone:

Racial/Ethnic Data (Optional)

(Data will not affect consideration of application for assistance. This information is requested solely to ensure compliance with Federal Civil Rights laws.)

Ethnic Category (Select only one) Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Racial Category (Select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Other
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Household Income

Did you provide a copy of the current adjusted household income guidelines at 130 percent Federal Poverty Income Guideline to applicant? Yes No

Gross Household Income: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks	Source(s) of Income: <input type="checkbox"/> FT Employment <input type="checkbox"/> PT Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____
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Total Household Members _____ (Check box if included for CSFP) **Total CSFP Household Members** _____

List the name of all household members below and place a check in the box by the name of all CSFP participants.

	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

I hereby certify that:

I understand that the foods given me are to be used by person listed hereon and as directed by the distributing agency. I authorize the following persons to pick up food for me from the Food Distribution Center.

1. _____ 2. _____

Eligibility Verification (Document the verification used for each eligibility criteria listed below):

Eligibility Criteria Verification Source: <input type="checkbox"/> Driver's License <input type="checkbox"/> Medicare Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> NC ID Card <input type="checkbox"/> Other: _____	Has applicant's age been verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Birth Date on Verification Source:

"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 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:** _____

Witness Signature (if signature above is an "X") _____

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Certification Approval

(To be signed by CSFP Contracted Distributing Agency Staff Only)

Status: Eligible (Active) Eligible (Waiting List)
 Denied/Discontinued

Eligibility Notification: Letter Verbal
Date: _____

Certification Period 1 Year Certification _____ to _____
 3 Year Certification _____ to _____

Reason for Denial/Discontinuation: _____

Denial/Discontinuation Letter Given/Sent: Yes No
Date: _____

I hereby certify that all eligibility criteria were applied as defined by the North Carolina Department of Agriculture and Consumer Services.

Contracted Distributing Agency Certification Staff

Printed Name: _____ **Title:** _____

Agency Certification Staff Signature: _____

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%20P-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; or (2) **fax:** (833) 256-1665 or (202) 690-7442; or (3) **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

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