



Commodity Supplemental Food Program Application

FIRST NAME: _____ M.I. _____ LAST NAME: _____

MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS IF DIFFERENT (attach verification): _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

PHONE NUMBER: _____

D.O.B: _____

PROOF OF ID: ☐ STATE ID ☐ TRIBAL ID ☐ BIRTH CERTIFICATE

☐ OTHER _____

How many people live in your home over 60? _____

If so, Name _____ Birth Date: _____

Gross Household Income: \$ _____

Frequency: ☐ Weekly ☐ Monthly ☐ Annually

Income must be 130% of the Income Eligibility Guidelines (IEGs) for the Commodity Supplemental Program.

Are you receiving SNAP or FDPIR? ☐ YES ☐ NO

Are you currently enrolled in the Commodity Supplemental Food Program (CSFP) at another location? (Ramsey, Eddy, Benson, Nelson, Grand Forks)

☐ YES ☐ NO

I hereby give permission to the person listed below to pick up/accept delivery of my box of food when I am unable to do so.

Proxy Name: _____ Phone: _____

MAIL COMPLETED APPLICATION TO: SPIRIT LAKE CSFP

PO BOX 414

FORT TOTTEN, ND 58335

Phone: 701-766-4684

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, *it will not affect your eligibility.*

1. Are you of Hispanic OR Latino ethnic? ☐ YES ☐ NO
2. What race are you? ☐ American Indian or Alaskan Native ☐ African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Asian

BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:

☐ Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability.
☐ You may appeal any decision made by the local agency regarding your denial or termination from the Program.
☐ You will be given nutrition, health and social services referral information and are encouraged to seek needed assistance.
☐ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

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; and improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against me to recover the value of the benefits and may lead to disqualification from CSFP. 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

Applicant Signature _____ **Date:** _____

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and 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, 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:

mail: U.S. Department of Agriculture Office
of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

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

This institution is an equal opportunity provider.