



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

CSFP INCOME GUIDELINES:

Household Size: 1 = \$1,580

2 = \$2,137

Program Standards are applied without discrimination by race, color, national origin, age, sex, or disability.

How many people live in your household

Gross Household Income: \$

Frequency: Weekly Monthly Annually

Income cannot be more than 130% of Federal Poverty Guidelines.

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 ethnicity? 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:

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

Applicant 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%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
3. **email:**
program.intake@usda.gov

This Institution is an equal opportunity provider.

2. **fax:**
(833) 256-1665 or (202) 690-7442; or