



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site?

YES NO

Improper use and receipt of the CSFP benefits as a result of dual participation or other **program violations may lead to a claim against the individual** to recover the value of the benefits, and may lead to disqualification from the CSFP.

NAME OF APPLICANT		DATE OF BIRTH	
ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		TOTAL NUMBER LIVING IN HOUSEHOLD	

NAME OF HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH

For additional household members, use back of form.

**CHANGES
MUST BE
REPORTED**

Participants must report changes in household income or composition **within 10 days** after the change becomes known to the household.

Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security. This amount must include income of all household members. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc. If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months. **Check if household income is an average.**

HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
Gross Salary/Wages		
Social Security		
Public Assistance (Welfare)		
Child Support/Alimony		
Pensions/Retirement		
Self-Employment		
Unemployment		
Other Income		
Total Household Income		

NAME OF APPLICANT

ETHNIC AND RACIAL DATA (OPTIONAL) MARK YOUR RACE (SELECT ONE OR MORE)

ARE YOU OF HISPANIC OR LATINO ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
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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 (including gender identity and sexual orientation), age, and disability, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.
- √ 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.
- √ You must report changes in household income or composition within 10 days after the change becomes known to the household.
- √ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.
- √ I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.
- √ I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.
- √ I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. 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 OR GUARDIAN DATE

UPDATE INFORMATION, SIGN, AND DATE FOR CERTIFICATION AFTER ON WAITING LIST DATE

FOR CERTIFYING AGENCY USE ONLY

<input type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED	<input type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED	INCOME ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
H&SS HANDOUT GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	CASELOAD AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
WRITTEN NOTICE GIVEN <input type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION	DATE OF WRITTEN NOTICE	
<input type="checkbox"/> ADDED TO WAIT LIST-DATE	DATE CERTIFIED	

SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

PERIOD OF CERTIFICATION	
BEGINNING MONTH/YEAR	ENDING MONTH/YEAR
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)

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.