

Community Action Program Region VII, Inc.

Attn: Karen
 2105 Lee Avenue, Bismarck, ND 58504
 701-258-2240

Name		Address	
City	State	County	Telephone Number
Home delivery: <input type="checkbox"/>	Directions for home delivery, if needed:		
Pick up: <input type="checkbox"/>			
Participation Category (Please check one):			
<input type="checkbox"/> Elderly (60 + years)	<input type="checkbox"/> Breastfeeding Woman	<input type="checkbox"/> Child (0-6 years)	<input type="checkbox"/> Post-Partum Woman

It is illegal to participate in the CSFP at more than one local agency, or to participate simultaneously in the CSFP and the WIC program. If you participate in both programs simultaneously or make false or misleading statements, misrepresent, conceal or withhold facts regarding your income, you may be disqualified from both programs for a period not to exceed 3 months.

1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. What is your race? (Select one or more):		
<input type="checkbox"/> American Indian or Alaska Native; <input type="checkbox"/> Asian; <input type="checkbox"/> Black or African American; <input type="checkbox"/> Native Hawaiian or Other Pacific Islander; <input type="checkbox"/> White		
Household Members (List ALL household members)	Date of Birth	Form of ID Presented by the applicant*

* DL=Drivers License, BC=Birth Certificate, OT=Other (Specify), NA=Not Available (Signed Affidavit Attesting Age)

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 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 both CSFP and WIC benefits simultaneously, and 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
Caseworker/Program Director Signature	Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Applicant's Right 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 all adult participants, and to parents or caretakers of infant and child 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;
- The improper use or receipt of 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 CSFP; and
- Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Income Verification:

Elderly persons (aged 60 years or older) are income-eligible for CSFP if their gross income is at or below 130% of federal poverty thresholds. Income means gross income before deductions for such items as income taxes, employees' social security taxes, insurance premiums, and bonds. **Proof of income is required, however if income documentation is not available then note "self-declaration" or SD under Total Household Income.**

Determination of Income:

Monthly Income is determined as follows:

Weekly Income (x) 4.3

Bi-weekly Income (x) 2.15

Semi-monthly Income (2 times per month) (x) 2

Monthly income (1 time per month)

Household Members	Wages	Social Security/ Retirement/ Pension	Public Assistance	Self Employment	Unemployment	Other
Total Household Income:						

Total adjusted income from all sources: \$ _____ or SD if income documentation is not available.

Maximum income for a household of _____ is \$ _____

Certification period: _____ to _____

List the name(s) of household member(s) eligible to receive Commodity Supplemental foods and number of food packs desired:

List the name(s) of household member(s) NOT eligible to receive Commodity Supplemental foods:

Re- certification period _____ to _____

Re-certification Approved by: _____ Date: _____

Certification Supervisor