

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Contracted Food bank: _____

Distributing Agency if different from Contracting Food Bank: _____

County Name: _____ Application Date: _____

Applicant Information (Please Print Clearly)				
Applicant Name:	Date of Birth:	Age:	Sex:	
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 only one) <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 <input type="checkbox"/> Other

Household Income
Did you provide a copy of the current adjusted household income guidelines at 130 percent Federal Poverty Income Guideline to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Household Income: \$ _____ Source(s) of Income: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Twice-monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Weekly

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.												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<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: _____ Age Verified: _____
Date on Documentation: _____

“This application is being made 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 responsibilities 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 to other organizations for use in determining my eligibility for participation in other public assistance programs and for 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”) _____

Certification Approval

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

(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 Twelve months _____ to _____

Distribution Information _____

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 South Carolina Department of Agriculture.

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

CSFP Application Addendum: Link2Feed

CSFP Site Name: _____ CSFP Site Number: _____

Applicant's Name: _____ Applicant's Date of Birth: _____

Applicant's Email: _____ Applicant's phone number: _____

Applicant's languages: _____

1. Applicant's Housing Type (Place check one option in the space provided):

- Emergency Shelter/Mission/Transitional _____
- Evacuee _____
- Other _____
- Own Home _____
- Private Rental _____
- Public (Social) Housing _____
- Undisclosed _____
- Unhoused _____
- With Family/Friends _____
- Youth Home/Shelter _____

2. Applicant Self-Identifies As (Place check one option in the space provided):

- Disability _____
- Veteran _____
- Other _____
- None _____
- Undisclosed _____

3. Specify if the applicant is receiving (Place check one option in the space provided):

- Energy or Utility Assistance Program _____
- Family Independence (Temporary Assistance to Needy Families-TANF) _____
- Food Stamps (Supplemental Nutrition Assistance Program (SNAP)) _____
- Headstart _____
- Medicaid _____
- School Meals _____
- Section 8 Rental Assistance Program _____
- Supplemental Assistance for Women, Infants and Children (WIC) _____
- Supplemental Security Income (SSI) _____
- Vets Aid _____

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Household Members' Details:

Household Members' Details							
If the applicant has more than one person in their household (including children), their Household member's information MUST BE LISTED HERE.							
Household Members' First and Last name	Gender	Ethnicity	Date of Birth	Relationship to Applicant	Self-Identifies As (refer to question 2 for options)	Income and income source*	List other Assistance programs (refer to question 3 for options)

***Income Type Options:** Full-time, No Income, Other Income, Part-time, Pension, Social Security, Social Security Income (SSI), Social Security Disability Income (SSDI), Undisclosed, Unemployment Income

Disclaimer

Lowcountry Food Bank respects your information and wants to ensure it remains private. Providing information electronically can be safer than providing information on paper. Only certain staff and volunteers can log in to the system, and each person has been trained and has signed an agreement to keep your information private.

We may use your personal information for a variety of reasons:

- **To Improve Our Programs:** We may use your information to improve our programs or activities. For example, staff may look at information to review the quality of services that people receive.
- **To Do Research:** We may use your information for research and analysis. Any reports produced with the data will not identify your individual information. Our staff and volunteers will only share your information with qualified persons outside of our agency.
- **To Connect You with Other Programs:** At your request, we may share your personal information to see if you are eligible for other benefits or programs such as Social Security benefits or SNAP.
- **To Report Abuse, Harm or Neglect:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults. We are also required to share information about you to law enforcement in certain cases, for example, if you cause harm to a member of our staff, another client, or if you damage our property. We may also share your personal information in case of a threat to the public, such as a terrorist attack or natural disaster.

Applicant Signature: _____

Date: _____