



Commodity Supplemental Food Program Application

☐ ID Verified Type of ID _____ ☐ Proof of Residence
☐ New Certification ☐ Recertification

Certification Date: _____ Expiration Date: _____ NCFB ID: _____

Last Name: _____ First Name: _____

Address: _____ City & Zip Code: _____

County: _____ Gender: _____ Telephone: _____

Date of Birth: _____ Distribution Site: _____

Ethnicity: CHECK ONE: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: CHECK ALL THAT APPLY: ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Proxy Name(s): _____ Proxy Phone: _____

Total Household Income: _____ Household Size: _____

Wages	SS (monthly)	SSI (monthly)	GA/MFIP (monthly)	Interest (monthly)	
\$	\$	\$	\$	\$	
Pension (monthly)	VA (monthly)	MSA (monthly)	Other (monthly)	Monthly Total	Annual Total
\$	\$	\$	\$	\$	\$

This paragraph must be read to/by the participant Language Preference _____

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): **PLEASE CHECK ONE: YES [] NO []**

Signature of Participant or Proxy

Date

Signature of Person making final determination

Date

Please return to: North Country Food Bank
1011 11th Ave NE
East Grand Forks, MN 56721

or Call: Megan Polley
218-399-7361
Toll Free 1-877-281-3272

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discrimination 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/ad-3027.pdf>, from any USDA office, by calling (866)632-9992, or by writing a letter addressed to the 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; or

Fax:

(833)256-1665 or (202)690-7442; or

Email:

Program.Intake@usda.gov

This institution is and equal opportunity provider.

As an applicant of the CSFP program, you will be informed of your rights and responsibilities in writing or orally as follows during your initial certification and re-certification:

Participant's Rights:

1. The local agency will provide you notification of a decision to deny or terminate your CSFP benefits, and of your individual right to appeal this decision by requesting a fair hearing, in accordance with 7 CFR 247.33(a).
2. The local agency will make nutrition education available to you and encourage you to participate.
3. The local agency will provide information to you on other nutrition, health, or assistance programs, such as Medicare, Supplemental Security Income benefits, the Supplemental Nutrition Assistance Program (SNAP) and make referrals as appropriate.

Participant's Responsibilities:

1. Improper use or receipt of CSFP benefits as a result of program violations, may lead to a claim against you to recover the value of the benefits, and may lead to disqualifying you from CSFP.
2. You must report changes in your household income or composition within ten (10) days after the change becomes known to your household.

Use of Information:

The information you provide to the CSFP program is private. It will be used to decide if you are eligible to receive CSFP benefits and how we can best serve you. Without complete information, we might not be able to certify you for CSFP.

We are required by law to limit the information that is shared unless you sign a consent. Your information may only be shared with:

1. People directly related to the administration of the CSFP program; and
2. To others only if the law requires us to do so.

Other assistance

1. **The Supplemental Security Income (SSI) program.** This program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. Phone: Toll-free at 1-800-772-1213 (TTY 1-800-325-0778). Online: www.ssa.gov/agency/contact

2. **Medical assistance.** Medicare is our country's health insurance program for people aged 65 or older. Phone: Toll-free at 1-800-772-1213 (TTY 1-800-325-0778). Online: www.medicare.gov

3. **Supplemental Nutrition Assistance Program (SNAP).** SNAP is a federal program that gives assistance for low-income individuals and families to purchase nutritious food. Individuals and families qualify for SNAP benefits based on their income. Phone: Toll-free at 1-888-678-8914. Mnfoodhelper.org