

State of Iowa
Department of Human Services
APPLICATION FOR ELDERLY COMMODITY SUPPLEMENTAL FOOD
PROGRAM

TO BE COMPLETED BY APPLICANT

Date _____ Responsible Party Name _____

Name of Applicant _____

Address _____ Apt _____ City _____

County _____ State _____ Zip _____

Telephone (____) _____ Last 4 Digit of your Social Security Number _____

Date of Birth ____/____/____ Sex ____M ____F

The Racial/Ethnic data is for statistical reporting purposes and has no affect on the determination of eligibility to participate in the program.

Applicant _____

Are you Hispanic or Latino? (Check one)

____ Yes ____ No

What is your race? (Check all that apply)

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

Total household members _____ Household Income \$ _____ Weekly ____ Monthly ____ Yearly

List other household members, their birthdates and their relationship to the applicant _____

____ SSA ____ SSI ____ Employed Employer Name _____ Other Income Source

Have you ever been on the Commodity Program (CSFP)? ____ Yes ____ No If yes, where? _____

TO BE COMPLETED BY PROGRAM STAFF

Certification Period: _____ to _____

Homebound Criteria: ____ No Transportation ____ Delivery ____ Group Code ____ Proxy

Verification:

____ State ID ____ Birth Certificate ____ DL ____ Pay Stubs ____ Copy of Check

____ Bank Statement ____ Social Security Letter ____ Pension

Certification:

____ Eligible ____ Not Eligible ____ Waiting List

Memos

APPLICANT'S RIGHTS AND RESPONSIBILITIES

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program.

1. Program standards are applied without discrimination by race, color, national origin, age, sex or disability.
2. 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.
3. 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.
4. The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.
5. 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.
6. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

CERTIFICATION STATEMENT

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

Signature _____ Date _____
Relationship to Applicant _____

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, sex, 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.