



Polk County Supplemental Foods Program

Date: _____

Applicant Name: _____

Address: _____ Apt: _____ City: _____

County: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Birth Date: _____ Sex: Male ___ Female ___

Do you need your food package delivered? Yes ___ No ___ Email: _____

***If you marked YES for delivery, you are authorizing Polk County, its volunteers, or a 3rd party contractor/vendor to deliver your food package to you. Additionally, you agree to receive text and/or email updates about your delivery.**

****Note: Due to time constraints. Delivery may be to a central location in your area and not directly to your door. It is your responsibility to make arrangements to pick up your food package at those locations.**

The racial/ethnic data is used for statistical reporting only and does not affect the determination of eligibility in this program. Please list each household member separately along with their income. Total household members _____

Applicant:

What is your race? (Check all that Apply)

<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

Are you Hispanic or Latino? (Check one) Yes ___ No ___

Preferred Language: _____

What is your monthly income and source?

Amount: _____

<input type="checkbox"/>	SSA	<input type="checkbox"/>	Employment
<input type="checkbox"/>	SSI	<input type="checkbox"/>	Other

Household Member(s):

Name: _____

Birth Date: _____

What is your race? (Check all that Apply)

<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

Are you Hispanic or Latino: (Check one) Yes ___ No ___

What is your monthly income and source?

Amount: _____

<input type="checkbox"/>	SSA	<input type="checkbox"/>	Employment
<input type="checkbox"/>	SSI	<input type="checkbox"/>	Other

PROXY

If there is someone you would like to add to your account as a proxy and allow them to pick up food for you, please fill out the information below. This permission will last until it is withdrawn by the applicant.

I authorize _____ to act as my representative (Proxy) in regards to picking up my commodity foods.

Applicant Signature: _____



Polk County Supplemental Foods Program

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 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 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

I agree that I have read, or was read to, the above certification statement.

Signature _____ **Date** _____

After completing this application and signing, please fax it to: (515)323-5296 or mail it to: Polk County Supplemental Foods 2309 Euclid Ave, Des Moines, IA 50310. Please remember to send a copy of your ID with your name and birth date legible. For any questions please call (515)286-3655.

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 | 2. Fax:
(833) 256-1665 or (202) 690-7442 | 3. Email:
programintake@usda.gov |
|---|--|--|

Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410

CSFP Written Notice of Beneficiary Rights

Name of Organization: Polk County Supplemental Foods

Because The Commodity Supplemental Food Program (CSFP) is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact:

The USDA Hunger Hotline:

- **By Phone: 1-866-3-HUNGRY** or **1-877-8-HAMBRE** to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text: 914-342-7744** with a question that may contain a keyword such as “food,” “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.