

# Commodity Supplemental Food Program (CSFP) *Application*

**Please Check One:**

- Elder (60+ years)**
- Pregnant Woman (Delivery Date)**\_\_\_\_\_
- Post-Partum Woman (Delivery Date)**\_\_\_\_\_
- Child (0-6 years)**

Last Name:\_\_\_\_\_ First:\_\_\_\_\_ MI:\_\_\_\_\_ Date of Birth\_\_\_\_\_ M\_\_F\_\_

Mailing Address:\_\_\_\_\_ TEL#\_\_\_\_\_

City:\_\_\_\_\_ State: VT Zip Code:\_\_\_\_\_

Senior Housing Site:\_\_\_\_\_ Apt#:\_\_\_\_\_

Town of Residence:\_\_\_\_\_

Name of Parent or Legal Guardian:\_\_\_\_\_

Monthly Household Income: \$\_\_\_\_\_ #of Household Members:\_\_\_\_\_

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**Data in this section is a USDA statistical requirement for the program. Responses will not affect consideration of this application.**

1. Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. What is your race? (Select one or more)
  - \_\_\_\_\_ American Indian or Alaska Native
  - \_\_\_\_\_ Asian
  - \_\_\_\_\_ Black or African American
  - \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
  - \_\_\_\_\_ White

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CSFP food boxes are packaged and delivered by the Vermont Foodbank. If you have questions about this application or delivery please call 1-800-214-4648 or 802-476-6285.

# PROXY FORM

This form will allow you to designate a person to pick up your CSFP food. Proxies must present appropriate identification at the time of food pick up.

## *Participant or Parent/Caretakers Authorization of Proxy*

**I hereby give permission to the person/organization listed below to pick up/accept delivery of CSFP food for me when I am unable to do so. I understand in giving permission to the person/organization below, I accept all responsibility for their actions. This authorization becomes effective when received by the CSFP program. I agree to notify CSFP promptly if I decide to make any changes in (i.e. update, add or remove) my designated proxies.**

*If you are a resident of a senior housing site*, you must indicate the name of the facility and the facility manager and/or their designee, so the facility may sign for the food delivery to your building on your behalf. An internal schedule has been arranged at your housing location for you to pick up your food. Please contact your facility manager for more information regarding the internal schedule.

*If you are the parent or guardian of a minor applying for this program*, you will automatically become one of the proxies. If you would like another individual or organization to pick up or accept delivery of your monthly food box, please complete the information below.

### **1. Individual or Organization:**

If Organization, Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### **2. Individual or Organization:**

If Organization, Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## Notice to Applicants

**Illegal Participation.** It is illegal to participate in both CSFP and WIC (Women, Infants & Children) Programs.

**Fair Hearing.** If you are found ineligible for this program during a recertification review, you have the right to a fair hearing in accordance with the provisions of Federal and Vermont law.

**Enrollment.** You will be enrolled for 6 months at a time. You must recertify every 6 months. You must continue to meet all eligibility requirements during the time you are enrolled.

**Commodity Pick up.** You may actively participate at only ONE distribution site. You may request a site change with a written request. **If you do not pick up a food box for three (3) months in a row you may become ineligible for the program.**

**Termination.** You will be notified in writing of termination if you are no longer eligible for the program and of the right to a fair hearing.

## Age Verification

Please read the information below about the age requirements for CSFP participation.

1. **I will furnish a copy of evidence of age (birth certificate, driver's license etc) with this application . (do not send the original)**
2. If I don't have any documentation of proof of age or proof of pregnancy, I will sign the statement below attesting to my age or pregnancy.
3. My age is \_\_\_\_\_. My date of birth is \_\_\_\_\_

## Statement of Applicant's Rights

1. Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age or disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from this program.
3. If your application is approved, the local agency will make nutrition education available to you and you are encouraged to use this information.

**In signing below I certify that the above statements were read by me, or were read to me, on the date below. I have also read and understand the "Notice to Applicants" above and verify that the age and date of birth listed above is accurate to the best of my knowledge. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws.**

Signature of Applicant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing the CSFP application form!**

Please submit your completed and signed application and mail or fax to:

**The Vermont Foodbank  
Commodity Supplemental Food Program  
PO Box 254  
South Barre, Vermont 05670**

Fax: 1-802-476-3326

The CSFP staff at the Vermont Foodbank will review your application for eligibility. You will be notified by mail if you are eligible for or denied entry into the program.

Questions: 1-800-214-4648 or 802-476-6285

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Before mailing have you:

- Completed all the sections of the application?
- Included a copy of proof of age ?(birth certificate, license, passport)\*
- Signed & dated the application on page 3?

\* If you do not have proof of age, you must sign the age verification on page 3.

