



## COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

|   |  |  |     |
|---|--|--|-----|
| Name  |  | Date of Birth  |     |
| Sex: _____ Male _____ Female  |  | Age:   |     |
| Residence Address   |  | City   | Zip |
| Mailing Address   |  | City   | Zip |
| Home Phone #  |  | County of Residence  |     |
| Email:  |  | Would you prefer to receive written notifications by<br>mail or _____ email? (check one)   |     |
| Ethnic and Racial Identities  |  |  |     |
| Choose one ethnicity:<br>_____ Hispanic/Latino<br>_____ Not Hispanic/Latino   |  | Choose one or more (regardless of ethnicity):<br>_____ Asian<br>_____ Black or African American<br>_____ White<br>_____ American Indian or Alaska Native<br>_____ Native Hawaiian<br>_____ or other Pacific Islander |     |
| 1. How many people live in your household?  |  |  |     |
| 2. What is the <b>total gross monthly income</b> for your household?  |  |  |     |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me:   |  |  |     |
| 1. (name) _____ (phone) _____   |  | 2. (name) _____ (phone) _____  |     |
| <b><u>The following information must be read by or to the applicant before signature</u></b>  |  |  |     |
| <p>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 to 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.</p> <p>I authorize the release of information 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.)</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> |  |  |     |
| Signature of applicant:   |  |  |     |
| Date:   |  | Witness, if applicant signs by Mark:   |     |

### TO BE COMPLETED BY CSFP STAFF

|                |             |               |
|----------------|-------------|---------------|
| Agency Number: | Type of ID: | Date Received |
| Agency Name:   | County:     |               |



**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
OKLAHOMA APPLICATION FOR SENIORS  
(must be read by or to the applicant before signature):**

- 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.
- 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.
- I understand that the food packages provided by this program are solely intended for my consumption as a participant in the program. I understand that selling CSFP commodities or exchanging them for non-food items could result in my termination from the program.
- I understand that I am only allowed to obtain one food package per month from one CSFP site. I am aware that if I fail to obtain a food package during two consecutive months, my participation in the program can be terminated.
- I may appeal any decision made regarding termination from the program, and I may submit a request for a fair hearing to the Regional Food Bank of Oklahoma.
- Nutrition education will be made available to me and I am encouraged to participate in these services. The CSFP site will provide information on other nutrition, health or assistance programs and make referrals as appropriate.
- I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
- I understand that I must report changes in household income or composition within 10 days after the change.
- 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.
- 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 of applicant: |                                      |
| Date:                   | Witness, if applicant signs by Mark: |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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, audiotope, 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, Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

*TO BE COMPLETED BY CSFP STAFF*  
**CSFP CERTIFICATION or DENIAL**

|  |                      |                                  |
|--|----------------------|----------------------------------|
| 1. Is this applicant 60 years old or older? (check date of birth) _____ YES _____ NO   |                      |                                  |
| 2. Is household income at or below 130% of poverty for size of household? (see income chart) _____ YES _____ NO  |                      |                                  |
| _____ Denied. Question 1 or 2 answered NO.<br><b>Issue Notice of Denial</b><br>_____ Certified. All questions answered YES.<br><b>Issue Notice of Certification Status</b>   |                      |                                  |
| Signature of Person Determining Eligibility  |                      |                                  |
| Title  | Date                 |                                  |
| CSFP Site  |                      |                                  |
| <b>DISTRIBUTION RECORD FOR 20____</b>  |                      |                                  |
| <p>Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date.</p> <p>Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified; and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After 2 years, the participant must fill out a new application.</p> <p>You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.</p> |                      |                                  |
| <b>MONTHS CERTIFIED</b>  | <b>ISSUANCE DATE</b> | <b>CLIENT SIGNATURE FOR FOOD</b> |
| January  |                      |                                  |
| February   |                      |                                  |
| March  |                      |                                  |
| April  |                      |                                  |
| May  |                      |                                  |
| June   |                      |                                  |
| July   |                      |                                  |
| August   |                      |                                  |
| September  |                      |                                  |
| October  |                      |                                  |
| November   |                      |                                  |
| December   |                      |                                  |
| <b>Verbal Recertification and next year distribution record on the back</b>  |                      |                                  |



**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
OKLAHOMA APPLICATION FOR SENIORS**

*TO BE COMPLETED BY CSFP STAFF*  
**CSFP VERBAL RECERTIFICATION**

When verbally recertifying, ask the following questions to each participant and make any appropriate changes.

|   |  |
|---|--|
| 1. Is this still your correct address?        | 2. Is this still your correct phone number?                      |
| 3. Is this still your correct monthly income? | 4. Are the people you have listed as your proxies still correct? |
| Signature of Person Recertifying Participant  |  |
| Title   | Date of Recertification  |
| CSFP Site                                     |  |

**DISTRIBUTION RECORD FOR 20\_\_**

Please use this table to record dates the participant receives a food box.

If a participant fails to pick up a box for that month, please write "NO SHOW" in the signature line. If a participant misses two months in a row it will result in termination from the program. Participants must be notified by writing within 15 days of the effective date.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| January          |               |                           |
| February         |               |                           |
| March            |               |                           |
| April            |               |                           |
| May              |               |                           |
| June             |               |                           |
| July             |               |                           |
| August           |               |                           |
| September        |               |                           |
| October          |               |                           |
| November         |               |                           |
| December         |               |                           |

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