

# COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) for Seniors

## Oklahoma CSFP Application

### Written Notice of Beneficiary Rights for CSFP and TEFAP

Because this CSFP partner agency 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](mailto: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:

#### 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.

**\*\*Applicants - please keep this first page your records.**





**REGIONAL  
FOOD BANK**  
OF OKLAHOMA®

# COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) for Seniors

## Oklahoma CSFP Application

This form shall be completed a) by all CSFP applicants for the initial application, and b) for participant recertification every two (2) years to determine continued eligibility for CSFP. The CSFP Site will complete the distribution record and the recertification tasks on pages 4-6.

Name:		Date of Birth:	
Sex: _____ Male _____ Female		Age:	
Residence Address:		City:	Zip:
Mailing Address (if different than above):		City:	Zip:
Home Phone #:		County of Residence:	
Email:		Would you prefer to receive written notifications by _____ mail or _____ email? (check one)	
Would you like to receive text reminders about the program? _____ Yes _____ No (check one)			
Ethnic and Racial Identities:			
Choose <b>one</b> ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino		Choose <b>one or more</b> (regardless of ethnicity): _____ Asian _____ Black or African American _____ White _____ American Indian or Alaska Native _____ Native Hawaiian _____ 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 (until I request a change):			
1. _____		2. _____	
Name	Phone	Name	Phone

**Non-Discrimination Statement:**

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  
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.**

*The following information 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. 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.

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.)

YES     NO

**Signature of applicant:**

<b>Date:</b>	Witness, if applicant signs by mark:
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**TO BE COMPLETED BY CSFP SITE ONLY**

Is this applicant 60 years old or older? (check date of birth on form of ID)	___ Yes	___ No
Is household income at or below 150% of poverty for the size of the household? (see current income eligibility guidelines chart)	___ Yes	___ No
<p>The CSFP Site Coordinator is responsible for determining the eligibility of each applicant and for the following actions:</p> <p>___ DENIED: If the answer to question 1 or 2 is NO - <b><i>Please issue the Written Notice of Ineligibility within 10 days of the application receipt date. The Written Notice of Ineligibility may be issued to the applicant a) in person, b) by mail, or c) by email, but it MUST be provided to the applicant within 10 days of the application receipt date.</i></b></p> <p>___ CERTIFIED or placed on the WAITLIST: If the answers to question 1 and 2 are YES – <b><i>Please provide the eligible applicant with the information listed below within 10 days of the application receipt date. The information may be provided in writing or verbally.</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Time and location of CSFP food package distribution</i></b></li> <li>• <b><i>Means of distribution (examples include drive-thru model, home delivery, or pick up in person)</i></b></li> <li>• <b><i>Length of certification (2 years in Oklahoma)</i></b></li> </ul>		
Signature of Person Determining Eligibility:	Title:	
CSFP Site:	Date:	

Participant Name: \_\_\_\_\_

**TO BE COMPLETED BY CSFP SITE ONLY**

<b><u>YEAR 1</u> DISTRIBUTION RECORD</b>		
<p>Please use this table to record the dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two consecutive months without providing notice they will be discontinued from the program. A written discontinuation notice must be issued 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 Oklahoma CSFP Application.</p>		
MONTHS CERTIFIED	ISSUANCE DATE	PARTICIPANT/PROXY SIGNATURE (or verbal consent – CSFP Coordinator may sign)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
*12.		
<b>*Verbal Recertification below, and second year's distribution record on next page</b>		

**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. Has your address changed in the last year?	2. Has your phone number changed in the last year?
3. Has your monthly income changed in the last year?	4. Are the people you have listed as your proxies still correct?
Signature of Person Verbally Recertifying Participant and Date:	

Participant Name: \_\_\_\_\_

**TO BE COMPLETED BY CSFP SITE ONLY**

<b><u>YEAR 2</u> DISTRIBUTION RECORD</b>		
<p>Please use this table to record the dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two consecutive months they will be discontinued from the program. A written discontinuation 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 Oklahoma CSFP Application form.</p> <p>CSFP sites must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. The notification must include a statement 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>PARTICIPANT/PROXY SIGNATURE (or verbal consent – CSFP Coordinator may sign)</b>
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
**24.		

**\*\*Recertification is required at the end of the 2-year (24-month) certification period.** The participant must complete a new Oklahoma CSFP Application, provide an ID that lists the participant's name and date of birth, and remain eligible for the program in order to receive a CSFP food package beyond the 24<sup>th</sup> month.

CSFP sites must notify participants *in writing* that they are due for recertification at least 15 days before the end of their certification period.