AZ. COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) Application(ENGLISH)

 **NEW OR RECERT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SITE LOCATION SITE # CLIENT ID #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT LAST NAME CLIENT FIRST NAME/MIDDLE INITIAL DATE OF BIRTH**

­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ARIZONA \_\_\_\_\_\_\_\_\_\_\_

**STREET ADDRESS/APARTMENT # City STATE ZIP CODE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address (if different than the Street Address OR n/a) City State Zip Code**

**Proof of address:**

❒ Az ID/License

❒ Bank Statement

❒ Utility Bill

❒ Other \_\_\_\_\_\_\_\_**Proof of identity:**

❒ Az ID/License

❒ Birth Certificate

❒ Other \_\_\_\_\_\_\_\_**Registered to Vote?**

❒ Yes, registered

❒ Not interested

**Gender**

* Male
* Female

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Primary Phone Number**

**HOME OR CELL**

 **(Circle One)**

**ETHNICITY**

**CHECK THIS BOX**

❒ Not Hispanic or Latino

❒ Hispanic or Latino

**AND THIS BOX🡪 🡪**

* American Indian or Alaskan Native
* Asian
* Native Hawaiian or Other Pacific Islander
* Black or African American

❒ White

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Language**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Language**

**Total number of persons in Household**

**\_\_\_\_\_\_\_\_\_\_\_\_\_Are you receiving SNAP (food stamps)?**

❒ Yes

❒ No**Income**

**Interval**

❒ Weekly

❒ Every 2 Weeks

❒ Monthly

❒ Yearly

**TOTAL GROSS INCOME FOR HOUSEOLD**

**1)**

**2)**

**3)**

**TOTAL:Source of Income**

❒ Social Security

❒ VA Benefits

❒ Pension

❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Documentation of Income**

❒ Social Security Benefit letter

❒ Bank Statement

❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rights and Obligations**

**Our pledge to you**

**Supplemental Foods**

* The CSFP provides you with a supplemental food box once a month
* The CSFP will make nutrition education available to all participants and to authorized representatives

**Fair Treatment**

* The CSFP rules are the same for everyone
* You have the right to appeal decision made by the CSFP about your eligibility

**Privacy**

* All the information provided to CSFP will be kept private

**Help Getting Enrolled in Services**

* If you move to a different area, your CSFP information may be shared with the new CSFP agency
* The CSFP provides referrals to health and social services that may help your family

**Your pledge to CSFP**

**Honesty**

* CSFP food benefits you and you may not sell or trade them (the intention alone could be grounds for removal from the program)
* If the CSFP determines you have attempted to sell or had intention to sell any food benefits verbally, in print or online through any type of social media, you will be subject to disqualification from the Program
* You can enroll at only one CSFP agency at a time and may not receive benefits at more than one CSFP site at the same time
* You may not receive both CSFP and WIC benefits simultaneously
* ID cards are unique to you and are not to be changed/altered

**Accurate Information**

* Provide the most current and truthful information (CSFP staff may verify this information is correct)

**Good Use of the Program**

* Be courteous and respectful towards the CSFP staff
* Following the rules of the CSFP program is important to avoid being prosecuted, disqualified, and/or asked to repay the program

**Protect your benefits**

* Keep your CSFP ID card safe

By signing this form, I agree to all the above:

\_**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date

\_**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative  Date

\_**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature & Title of Certifier Signature of Income Verifier (if different) Date

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