

**Illinois Department of Human Services
Commodity Supplemental Food Program**

PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site? Yes No

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.

Name Of Applicant	Name Of Guardian (If Applicable)
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Address (Must Verify Address)	City	State	Zip Code
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Telephone Number	Applicant's Date of Birth (Verify ID)	Total Number Living in Household: _____
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Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security.

This amount must include income of all household members.
 "Other" income would include unemployment, strike benefits, income from trusts, contributions from relatives, etc.
 If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.

Household Income	Amount	How Often	Annual Income
Source is:			
Source is:			
Source is:			
Total Household Income			

Changes must be Reported: Participants must report changes in household income or composition **within 10 days** after the change becomes known to the household.

Racial Ethnic Data

What is your ethnic category (select one) Hispanic or Latino Not Hispanic or Latino

What is your race? (Select one or more that apply) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

Proxy: A proxy is a person authorized to receive CSFP benefits only. Proxies should be at least 18 years of age and dependable for the duration of the program. A proxy must present identification as well as written approval from the participant in order to be issued commodities. Proxies must sign for commodities. Proxies must follow the same program guidelines as CSFP participants.

I, _____ authorize the following individual(s) to act as my proxy.
 Participant signature

Assigned Proxy Name(s) (please print):

1) _____ 2) _____

(Continued on Next Page)

Before Signing, Be Aware of Your Rights and What Your Signature Means:

- Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex (including gender identity and sexual orientation), age and disability.
- You may appeal any decision made by the local agency regarding your denial or termination from the Program.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

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 the decision by placing a checkmark in the appropriate box. Yes No

Signature of Applicant or Guardian	Date (Month/day/year)
Update Information, Sign and Date for Certification after on Wait List	Date (Month/day/year)

Agency Staff Complete:

Age Verified (check one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Picture ID Card <input type="checkbox"/> Other: _____	Address Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Caseload Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Date written notice was given: <input type="checkbox"/> Outreach Provided <input type="checkbox"/> Outreach Refused
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Staff Signature & Title of Certifying Official:

Date Certified:	2nd Year Verification Date:	3rd Year Verification Date:
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: program.intake@usda.gov.

This institution is an equal opportunity provider.