Commodity Supplemental Food Program (CSFP)

Recertification (due every 6 months)

Please Check One: | ALL APPLICANTS PLEASE PROVIDE DATE OF BIRTH Date of Birth_____ **U** Elder: (60 or Older): U Pregnant Woman (<u>Delivery Date</u>): U Post-Partum Woman (Delivery Date): Male: Female: U Child (0-6 years) LAST Name: FIRST MI: MAILING Address: _____Apartment Number: _____ City: _____ State: VT. Zip Code: _____ Senior Housing Name: Town of Residence: _______Telephone number: ______ (must have this- may differ from mailing address) Name of Parent or Legal Guardian: Monthly **TOTAL Household** Income: \$ **Number of People in household**: DO YOU PRESENTLY RECEIVE 3SQUARESVT (FORMERLY) FOOD STAMPS? YES NO **PROXY UPDATE** If you need to *CHANGE* your proxy (person that picks up food box in your place) you must complete information below. The proxy must present appropriate identification at time of food box pick up. If there is no change in Proxy, proceed to back page for signature. Person, Organization or Senior Housing Site authorized to pick up/accept delivery of food. Individual OR Organization: If Organization, Contact Person Name: Proxy Telephone number: YOUR RIGHTS AND RESPONSIBILITIES IN THE VERMONT CSFP I AGREE TO PROVIDE: *Proof of my income, address, age and identification if requested *Correct information about my current household and income *NOTE: Any change in my address, income, telephone number

or household composition within ten (10) days after the

change becomes known to the household SIGNATURE REQUIRED ON BACK OF FORM

I UNDERSTAND THAT:

- Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability.
- CSFP will provide a box of supplemental foods each month at a predetermined delivery site
- CSFP will provide referrals to nutrition, health, or assistance programs as appropriate
- CSFP will provide written nutrition education to all program participants.
- If I do not pick up food three (3) months in a row, without telling staff, I will be taken off of the program.
- I will be dropped from this program if I participate in another CSFP or WIC program
- Improper use or receipt of CSFP benefits as a result of dual participation or other program violations
 may lead to a claim against you to recover the value of the benefits, and may lead to disqualification
 from CSFP.
- I may appeal through the fair hearing process, any decision made by the local agency regarding denial, disqualification, or termination from the program.

CERTIFICATION

□ YES □ NO

This re-application form 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 both CSFP and WIC benefits simultaneously, and 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.

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(Please indicate decision by placing a checkmark in the appropriate box).	

BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:

By reading, signing and dating this form, I acknowledge that I have been advised of my rights and obligations under the program. I attest that the information provided is accurate and complete to the best of my knowledge.

Signature of Applicant/Guardian:	Date:
Mail or fax completed form to:	
The Vermont Foodbank	
Commodity Supplemental Food Program	
33 Parker Road	
Barre, Vermont 05641	

Fax: 1-802-476-3326

Questions: 1-800-214-4648

Quesuons: 1-000-214-4040

"In accordance with Federal Law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis_of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250 9410 or call toll free (866) 632 9992 (Voice). Individuals who are hearing impaired _or have speech disabilities may contact USDA through local the Federal Relay Service at (800) 877 8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer." s/operations/CSFP/A-CSFPForm-RecertificationDecember 4, 2013