



Contact the CSFP Team
csfp@vtfoodbank.org
1-800-214-4648

Commodity Supplemental Food Program (CSFP) Application

You must be 60 years or older and meet income guidelines to qualify for this program. Income levels change each year. Please visit vtfoodbank.org/csfp for the current guidelines. You must submit pages 1, 2, and 3 of this application.

Name (Required)

Last: _____ First: _____

Male Female Other

Contact Information

Telephone (Required): _____ Email: _____

Physical Address (Required)

Street Address: _____

Address Line 2: _____ City: _____ State: VT Zipcode: _____

Mailing Address (Required)

Street Address: _____

Address Line 2: _____ City: _____ State: VT Zipcode: _____

Housing Site Name (Not Your Name) Where You Live If Applicable: _____

Income & Household Information

Please visit vtfoodbank.org/csfp for current income and household size guidelines.

Monthly Total of All Household Incomes: \$ _____

Number of Household members: _____

Do You Recieve 3SquaresVT (Formerly Foodstamp)? Yes No

You can recieve both CSFP and 3SquaresVT at the same time.

.....

Age Verification (Required)

You must be 60 years of age or older to enroll in the Commodity Supplemental Food Program.

Date of Birth: _____

By Signing Below I Attest to My Date of Birth

Signature: _____

.....

Demographic Information (Required)

Data in this section is a USDA statistical requirement for the program. Responses will not affect consideration of this application.

1. Are You Hispanic or Latino/Latina/Latinx? Yes No

2. What Is Your Race (select one or more)?

American Indian or

Alaskan Native

Asian

Black or African American

European

Native Hawaiian or Other

Pacific Islander

White

Proxy Form

This form will allow you to designate a person to pick up your CSFP food. Proxies must present appropriate identification at the time of food pick up.

Would You Like to Designate a Proxy? Yes No

Please note, by checking "yes" above you must provide information below for at least one Proxy.

Participant or Parent/Caretakers Authorization of Proxy

I hereby give permission to the person/organization listed below to pick up/accept delivery of CSFP food for me when I am unable to do so. I understand in giving permission to the person/organization below, I accept all responsibility for their actions. This authorization becomes effective when received by the CSFP program. I agree to notify CSFP promptly if I decide to make any changes in (i.e. update, add or remove) my designated proxies.

If you are a resident of a senior housing site, you must indicate the name of the facility and the facility manager and/or their designee, so the facility may sign for the food delivery to your building on your behalf. An internal schedule has been arranged at your housing location for you to pick up your food. Please contact your facility manager for more information regarding the internal schedule.

1. Individual or Organization

Name: _____

Organization Name (if applicable): _____

Street Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

2. Individual or Organization

Name: _____

Organization Name (if applicable): _____

Street Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

YOUR RIGHTS AND RESPONSIBILITIES IN THE VERMONT CSFP

I AGREE TO PROVIDE:

- Proof of my income, address, and identification if requested
- Correct information about my current household and income
- **Any change** in my address, telephone number, income, or household composition **within ten (10) days** after the change becomes known to the household.

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, I will be taken off of the program.
- I will be dropped from this program if I participate in another CSFP 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

This 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 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 decision by placing a checkmark in the appropriate box).

Yes No

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: _____ Date: _____

The CSFP staff at Vermont Foodbank will review your application for eligibility. You will be notified by mail within ten (10) days if you are eligible, denied, or placed on a waiting list for entry into the program.

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

2. Fax

(833) 256 - 1665

3. Email

program.intake@usda.gov

This institution is an equal opportunity provider. 5/05/202



De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

1. Correo

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

2. Fax

(833) 256 - 1665

3. Correo Electrónico

program.intake@usda.gov

Esta entidad es un proveedor que brinda igualdad de oportunidades.



Mail This Completed Form To:

Vermont Foodbank
Commodity Supplemental Food Program
33 Parker Rd.
Barre, VT 05641

Questions? Contact Vermont Foodbank at:

Phone: 800-214-4648
Fax: 802-476-3326
Email: csfp@vtfoodbank.org

The Commodity Supplemental Food Program (CSFP) is a USDA program administered in cooperation with Vermont Foodbank and the Vermont Department of Disabilities, Aging and Independent Living.