



PARTICIPANT APPLICATION

Local Agency:		Delivery Site:		Date:	
TO BE COMPLETED BY APPLICANT — PLEASE PRINT					
Name			Address		
City		State/Zip Code		County	
Home Phone		Cell Phone		Date of Birth / /	
Primary Language		Email		Sex Female ☐ Male ☐	
How did you hear about CSFP?					
HOME ADDRESS VERIFIED?		Yes ☐ No ☐		IDENTITY VERIFIED? Yes ☐ No ☐ Type _____	
Have you ever been on the Commodity Supplemental Food Program? Yes ☐ No ☐					
PROXY: I authorize the following individuals to pick-up my commodities in the event that I am unable to:				Mailing Address (ONLY IF DIFFERENT FROM RESIDENCE)	
Name: _____		Name: _____		Address: _____ City: _____ Zip: _____	
Relationship: _____		Relationship: _____			
Phone: _____		Phone: _____			
PROXY NOTE: SIGNATURES REQUIRED ON PAGE 3					
Race and Ethnic Data This information is for record keeping purposes only. It does not affect your eligibility. Are you Hispanic or Latino? Yes ☐ No ☐ What is your race? Asian ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐					
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, 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](#), (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:

- (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: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Income Verification

Seniors (aged 60 years or older) are income-eligible for CSFP if their gross income is at or below 130% of federal poverty thresholds.

Monthly Income is determined as follows: ☐ Weekly Income (x) 4.3 ☐ Semi-monthly Income (2 times per month) (x) 2
☐ Bi-weekly Income (x) 2.15 ☐ Monthly income (1 time per month)

Household Member	Wages	Soc Sec Income/ Retirement/Pension	Public Assistance	Self Employment	Unemployment	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total income from all sources: \$			.00			
			Number of people living in house:			

Certification Statements

Both statements must be *read to or read by* the applicant:

1. 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 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 also 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.

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

1. Yes ☐ **No** ☐ **Initials** _____

2. 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 assistance programs and for program outreach purposes.

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

2. Yes ☐ No ☐ Initials _____

As the applicant, or proxy for the applicant, I understand the Rights and Responsibilities of the Commodity Supplemental Food Program and agree. I have received the No Show policy and understand that I need to make arrangements to pick-up my box each month, or make arrangements with the Utah Food Bank. I also understand that certification periods are in 6 month increments, or as otherwise stipulated by the Utah Food Bank, and that I will need to recertify for the program every 6 months when I receive a letter in the mail.

Signature of Applicant or Legal Guardian	Date
Signature of Proxy	Date
Signature of Proxy	Date

Mail completed application to Utah Food Bank

Utah Food Bank
 ATTN: CSFP
 3150 South 900 West
 Salt Lake City, UT 84119

If you have further questions about the application please call Utah Food Bank at: 801-887-1275.

SUBDISTRIBUTION AGENCY USE ONLY	
Copy of Application Rights & Responsibilities provided to applicant upon initial application.	Distribution Official _____
Identification and address verified.	Distribution Official _____

BELOW FOR CERTIFIER USE ONLY																							
Persons 60 Years and Older 130% of the Federal Poverty Income Guidelines – valid March 2017 until further notice	Referral issued to participant? Yes ☒ Web download No Show policy issued to participant? Yes ☒ Web download Written information provided (check all given) ☐ Health and Social Services Referral ☐ Nutrition ☐ 2-1-1 ☐ SNAP (Food Stamps) (Spanish or English) ☐ Utah Helps (Spanish or English)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Maximum income for a household of _____ is: \$_____.00 </td> <td style="width: 40%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Persons in Family or Household Size</th> <th style="text-align: left;">Monthly</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>\$1,307</td></tr> <tr><td>2.....</td><td>\$1,760</td></tr> <tr><td>3.....</td><td>\$2,213</td></tr> <tr><td>4.....</td><td>\$2,665</td></tr> <tr><td>5.....</td><td>\$3,118</td></tr> <tr><td>6.....</td><td>\$3,571</td></tr> <tr><td>7.....</td><td>\$4,024</td></tr> <tr><td>8.....</td><td>\$4,477</td></tr> <tr><td colspan="2">Each additional member add \$453</td></tr> </tbody> </table> </td> </tr> </table>	Maximum income for a household of _____ is: \$_____.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Persons in Family or Household Size</th> <th style="text-align: left;">Monthly</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>\$1,307</td></tr> <tr><td>2.....</td><td>\$1,760</td></tr> <tr><td>3.....</td><td>\$2,213</td></tr> <tr><td>4.....</td><td>\$2,665</td></tr> <tr><td>5.....</td><td>\$3,118</td></tr> <tr><td>6.....</td><td>\$3,571</td></tr> <tr><td>7.....</td><td>\$4,024</td></tr> <tr><td>8.....</td><td>\$4,477</td></tr> <tr><td colspan="2">Each additional member add \$453</td></tr> </tbody> </table>	Persons in Family or Household Size	Monthly	1.....	\$1,307	2.....	\$1,760	3.....	\$2,213	4.....	\$2,665	5.....	\$3,118	6.....	\$3,571	7.....	\$4,024	8.....	\$4,477	Each additional member add \$453		Pick Up ☐ Is there available caseload? Yes ☐ No ☐ ☐ Eligible ☐ Approved ☐ Wait list ☐ Pre Application Certification period: _____ to: _____ by: _____ Date: _____ Signature/Title of Certifier Print Name: _____
Maximum income for a household of _____ is: \$_____.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Persons in Family or Household Size</th> <th style="text-align: left;">Monthly</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>\$1,307</td></tr> <tr><td>2.....</td><td>\$1,760</td></tr> <tr><td>3.....</td><td>\$2,213</td></tr> <tr><td>4.....</td><td>\$2,665</td></tr> <tr><td>5.....</td><td>\$3,118</td></tr> <tr><td>6.....</td><td>\$3,571</td></tr> <tr><td>7.....</td><td>\$4,024</td></tr> <tr><td>8.....</td><td>\$4,477</td></tr> <tr><td colspan="2">Each additional member add \$453</td></tr> </tbody> </table>	Persons in Family or Household Size	Monthly	1.....	\$1,307	2.....	\$1,760	3.....	\$2,213	4.....	\$2,665	5.....	\$3,118	6.....	\$3,571	7.....	\$4,024	8.....	\$4,477	Each additional member add \$453			
Persons in Family or Household Size	Monthly																						
1.....	\$1,307																						
2.....	\$1,760																						
3.....	\$2,213																						
4.....	\$2,665																						
5.....	\$3,118																						
6.....	\$3,571																						
7.....	\$4,024																						
8.....	\$4,477																						
Each additional member add \$453																							
Home Delivery ☐ Client notified by: ☐ Phone ☐ In person ☐ U.S. Mail ☐ Not Eligible due to: by: _____ Date: _____ Signature/Title of Certifier Print Name: _____																							

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, 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:

- (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: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

Mail completed application to Utah Food Bank 3150 South 900 West, Salt Lake City, UT 84119

Thank you for your interest in the Commodity Supplemental Food Program (CSFP). Please fill out the following application and checklist. Please mail completed applications to the Utah Food Bank for quicker processing. If you cannot mail the application please drop it off at the location nearest you from the list below.

- ☐ Print all pages and fill out all the participant information on pages 1- 4.
- ☐ Photocopy ID (driver's license or ID card) & address verification (ID card, or utility bill) if mailing, otherwise bring originals for visual verification when you drop off your application.
- ☐ Keep and read: Applicant's Rights & Responsibilities, No-Show Policy and Social Services Referrals.
- ☐ Mail application pages 2-5 to the Utah Food Bank.

Adventure Church
352 West 12300 South
Draper, UT 84020
801-688-7251

Agape Community Center
765 East 100 North
Payson, UT 84651
801-885-5523

Bountiful Community Food Pantry
480 East 150 North
Bountiful, UT 84010
801-299-8464

Carbon County Food Bank
75 East 400 South
Price, UT 84501
435-637-5444

Catholic Community Services of
Northern Utah
2504 F Avenue
Ogden, UT 84401
801-394-5944

Emery County Food Bank
40 South Center Street
Castledale, UT 84513
435-381-5410

Grand County Food Bank
56 North 200 East
Moab, UT 84532
435-259-6456

Green River Community Center
125 South Long Street
Green River, UT 84525
435-564-8199

Tooele County Food Bank
38 South Main Street
Tooele, UT 84074
435-843-4764

Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119
801-887-1275

Thank you for submitting your CSFP application. You will be receiving a letter from Utah Food Bank to update you on your application status. If you have any questions about the application or process please call (801)887-1275.

APPLICANT'S RIGHTS & RESPONSIBILITIES

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program (CSFP).

Rights

1. Standards for participation in the Program are the same for everyone regardless of race, color, sex, national origin, age or disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from the Program. You have a right to a fair hearing.
3. The local agency will provide notification of a decision to deny or terminate CSFP benefits. The local agency will also provide notice of the individual's right to appeal this decision by requesting a fair hearing.
4. The local agency will make nutrition education available to all adult participants, and to parents or caretakers of infants and child participants, and will encourage them to participate.
5. The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.
6. 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.
7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Responsibilities

1. Do not make false statements orally or in writing in order to obtain benefits to which you or your household would not otherwise be eligible.
2. Do not conceal information in order to obtain benefits for which you are not eligible.
3. Do not alter Program documents for the purpose of receiving increased benefits for which you are not eligible or for the purpose of transferring benefits to unauthorized individuals.
4. Do not use supplemental foods in an unauthorized manner, such as trading or selling the foods.
5. Do not commit dual participation in CSFP (local and/or states).

Ineligibility

I have been advised in writing that I am ineligible to participate in the Commodity Supplemental Food Program and have the right to a fair hearing. I am ineligible to participate based on the following criteria: Income/Home Address/Category.

Right of Appeal/Fair Hearing

If you are dissatisfied with any action or failure to act with regard to your application for the Commodity Supplemental Food Program, or with regard to the food benefits you are now receiving, or because such benefits have been cancelled, you have the right to appeal. (A fair hearing need not be granted, however, when either State or Federal law requires automatic grant adjustments). You may appeal in writing or orally to the local office of the Utah Department of Health, Commodity Supplemental Food Program, P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 within 30 calendar days of the date of this notice.

At the fair hearing, your case may be presented by yourself, a household member or representative, such as legal counsel, a relative, a friend or other spokesperson you choose. A fair hearing will be conducted by an impartial official who will render a decision regarding your case. However, there are not provisions whereby the Department can pay the attorney's fee.

If you request a fair hearing because of a reduction or termination of your benefits within 15 calendar days from this notice, your benefits will be continued at the present level at least until the time of the hearing.

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, 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:

- (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: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Utah Department of Health Contact:

Amanda Douglas, MACL
Program Coordinator
Phone: 801-273-2915

Utah Food Bank Contact:

Denise Nielson
Outreach Coordinator
Phone: 801-887-1275

NO-SHOW POLICY

As part of the Commodity Supplemental Food Program (CSFP) food packages should be collected from the designated locations every month. Each participant shall be given the time and location of their monthly pick-up. If a participant fails to pick-up their box in a month the participant shall be considered a “no-show.” Violation of the “no-show” policy shall result in forfeiture of CSFP benefits.

The CSFP No-Show policy is as follows:

1. Participant’s failure to pick-up food packages for two (2) consecutive months will be removed from enrollment in CSFP.
2. Participants in hospital, out of town, or unable to pick-up the food package due to illness for two (2) consecutive months may remain on the program and will not be removed, as long as they contact the Utah Food Bank, (801)887-1275.
3. Participants who are removed from the program for violation of the “no-show” policy are allowed to re-apply for benefits unless they have violated the “no-show” policy twice previously. If a wait list exists, participants re-applying after violating the “no-show” policy must be treated as if they were applying for the first time, and must be placed on the wait list in the order in which they contacted the Utah Food Bank.
4. Participants who violate the “no-show” policy a third time within a twelve (12) month period must be disqualified from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk.
5. Participants in violation of the “no-show” policy have a right to request a fair hearing by contacting their local CSFP agent at (801) 273-2915. Participants have thirty days (30) from the date of written notice to request a fair hearing.

SOCIAL SERVICES & FINANCIAL ASSISTANCE REFERRALS

2-1-1.....	2-1-1
Services: Information and referrals for sexually transmitted diseases, immunizations, alcohol and drug abuse, sexual assault or rape, family violence, counseling and more.	
Adult Protective Services	801-538-3567
Services: Investigation into alleged abuse, neglect or exploitation of vulnerable adults over the age of 18.	
Aging Information Hotline	877-424-4640
Circuit Breaker	385-468-8300
Services: Assistance for low income seniors with the Circuit Breaker Tax Abatement Program.	
Elderly Abuse or Neglect Hotline	800-371-7897
Meals on Wheels	385-468-3220
www.aging.slco.org	
Services: Home delivered meals to homebound seniors age 60+ that lack other meal preparation resources.	
Medicaid	800-662-9651
Services: Medical expenses for limited income households that meet eligibility.	
Medicare	800-MEDICARE (633-4227)
www.medicare.gov	
Services: Health insurance to persons ages 65 and older.	
State Energy Assistance Lifeline (SEAL)	
http://jobs.utah.gov/housing/seal/	
HEAT, UMP, EAF	800-331-4341
Services: Winter home heating assistance and year round crisis intervention.	
HELP	801-468-0221
Services: Discounts on monthly bills for Rocky Mountain Power customers.	
UTAP	800-948-7840
Services: Discounts on home landline phone service (no cell phones).	
Supplemental Nutrition Program (SNAP).....	866-435-7414
http://jobs.utah.gov/customereducation/services/foodstamps/	
Services: "Food Stamps" for purchasing food or food products with nutritional value.	
Supplemental Security Income (SSI)	800-772-1213
Services: Monthly benefits for those who are 65 and older, or meet other eligibility criteria.	
Utah State Tax Commission (Circuit Breaker-Renters Rebate) ..	801-297-2200
Services: Information and claim forms for mobile home owners and renter rebate programs. Answers tax related questions.	