



# PARTICIPANT APPLICATION

**Eligibility Requirements:**

- Age 60+
- Income 130% federal guidelines

Pickup Location:	Date:
	UFB Received Date:

**TO BE COMPLETED BY APPLICANT — PLEASE PRINT**

Name	Address	Apartment #
City	State/Zip Code	County
Home Phone	Cell Phone	Date of Birth / /
Primary Language	Email	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>

How did you hear about CSFP? Neighbor/Friend  SNAP  Pantry  Advertisement  Other  \_\_\_\_\_

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:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

Mailing Address  
(ONLY IF DIFFERENT FROM RESIDENCE)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Proxy One Signature: _____	Date: _____
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Proxy Two Signature: _____	Date: _____
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**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 <input type="checkbox"/>                             | White <input type="checkbox"/>                               | Black or African American <input type="checkbox"/> |
| American Indian or Alaskan Native <input type="checkbox"/> | Native Hawaiian or Pacific Islander <input type="checkbox"/> |  |

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](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](mailto: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**

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

**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
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**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 or visit our website at [utahfoodbank.org/csfp/](http://utahfoodbank.org/csfp/).

BELOW FOR CERTIFIER USE ONLY																							
<p><b>Persons 60 Years and Older</b></p> <p>130% of the Federal Poverty Income Guidelines – valid February 2022 until further notice</p>	<p>Referral issued to participant?</p> <p>Yes <input checked="" type="checkbox"/> Web download</p> <p>No Show policy issued to participant?</p> <p>Yes <input checked="" type="checkbox"/> Web download</p> <p>Written information provided (check all given)</p> <p><input type="checkbox"/> Health and Social Services Referral</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> 2-1-1</p> <p><input type="checkbox"/> SNAP (Food Stamps) (Spanish or English)</p> <p><input type="checkbox"/> Utah Helps (Spanish or English)</p>																						
<p>Maximum income for a household of _____ is: \$ _____ .00</p>	<table border="1"> <thead> <tr> <th colspan="2">Persons in Family or Household</th> </tr> <tr> <th>Size</th> <th>Monthly</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>\$1,473</td></tr> <tr><td>2.....</td><td>\$1,984</td></tr> <tr><td>3.....</td><td>\$2,495</td></tr> <tr><td>4.....</td><td>\$3,007</td></tr> <tr><td>5.....</td><td>\$3,518</td></tr> <tr><td>6.....</td><td>\$4,029</td></tr> <tr><td>7.....</td><td>\$4,541</td></tr> <tr><td>8.....</td><td>\$5,052</td></tr> <tr><td colspan="2">Each additional member add \$492</td></tr> </tbody> </table>	Persons in Family or Household		Size	Monthly	1.....	\$1,473	2.....	\$1,984	3.....	\$2,495	4.....	\$3,007	5.....	\$3,518	6.....	\$4,029	7.....	\$4,541	8.....	\$5,052	Each additional member add \$492	
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Pick Up <input type="checkbox"/>	Home Delivery <input type="checkbox"/>																						
Is there available caseload? Yes <input type="checkbox"/> No <input type="checkbox"/>	Client notified by: <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> U.S. Mail																						
<input type="checkbox"/> Approved <input type="checkbox"/> Wait list <input type="checkbox"/> Pre Application Certification period: _____ to: _____ by: _____ Date: _____ Signature/Title of Certifier <b>Print Name:</b> _____	<input type="checkbox"/> Not Eligible due to: by: _____ Date: _____ Signature/Title of Certifier <b>Print Name:</b> _____																						

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**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 contact Utah Food Bank at (801) 887-1275.

- Print all pages and fill out all the participant information on pages 1- 4.
- Photocopy or take a photo on a phone of your 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 1-4 to the Utah Food Bank.

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.

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Utah Department of Health Contact:

Arie Van De Graaff  
Program Coordinator  
Phone: 801-245-0078

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Utah Food Bank Contact:

Denise Nielson  
Outreach Coordinator  
Phone: 801-887-1275

## NO-SHOW POLICY

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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.





# ADDITIONAL SOCIAL SERVICES

- 2-1-1 ..... 2-1-1  
 Services: Provides health and human services information and referral to all people of all ages such as housing, food transportation, legal, mental health, addiction, medical, dental, and vision.  
<https://211utah.org>
- Adult Protective Services ..... 801-538-3567  
 Services: Investigation into alleged abuse, neglect, or exploitation of vulnerable adults over the age of 18. Hotline: ..... 800-371-7897
- Aging and Adult Services Division ..... 877-424-4640  
 Services: Provides home and community-based services of older persons to allow people to remain independent.
- Circuit Breaker Homeowner Abatement ..... Contact your local county  
 Services: Provides tax credit for homeowners and mobile homeowners who meet certain income and resident qualifications.
- Circuit Breaker Renters Rebate ..... 801-297-6254  
 Services: Provides a refund check towards rent for eligible citizens and legal aliens 65+.
- Meals on Wheels ..... Contact your local Area Agency on Aging  
 Services: Home delivered meals to homebound seniors age 60+ that lack other meal preparation resources. Provided through your local Area Agencies on Aging and senior center.
- Medicaid ..... 800-662-9651  
 Services: Medical expenses for eligible limited income households. [www.medicaid.gov](http://www.medicaid.gov)
- Medicare ..... 800-MEDICARE (633-4227)  
 Services: Health insurance to persons 65+. [www.medicare.gov](http://www.medicare.gov)
- State Utility Assistance Programs
  - HEAT ..... 866-205-4357  
 Services: Provides winter home heating assistance and year-round crisis intervention for eligible low-income households
  - Weatherization Program ..... Visit [jobs.utah.gov/housing/scso/wap/how.html](http://jobs.utah.gov/housing/scso/wap/how.html) for contact info  
 Services: Help to weatherize homes and to provide emergency repair or replacement of furnaces and air conditioning units.
  - UTAP/Lifeline ..... 800-234-9473  
 Services: Discounts on either landline phone services or internet services.
- Supplemental Nutrition Program (SNAP) ..... 866-435-7414  
 Services: "Food stamps" for purchasing food or food products with nutritional value.  
<http://jobs.utah.gov/customereducation/services/foodstamps/>
- Supplemental Security Income (SSI) ..... 800-772-1213  
 Services: Monthly benefits for those who are 65+ or who meet other eligibility criteria.