

SENIOR COMMODITIES APPLICATION

1. An applicant has to be 60 years old or older
2. The person has to have a HOUSEHOLD income less than the guidelines printed. i.e. household of 1 income has to be the same or less than \$1,307; household of 2 income has to be the same or less than \$1,760 etc.
3. The income does not have to be proved—just stated by the applicant on the application form.
4. Fill out the application blank in the highlighted areas.
5. A proof of age does have to be presented and copied by office staff. If there is no such proof, there is a form that can be filled out and signed stating age.
6. A Hope Center manager/volunteer will review the application and send a determination letter to the applicant stating if they qualify or are rejected with a reason for rejection.
7. The distribution is six times a year: February, April, June, August, October and December.
8. A post card is sent out to the client the week prior to distribution to remind them which date to pick up their commodities.
9. The commodities have to be picked up by Friday of the week of distribution.
10. A proxy form can be filled out that enables another person to pick up the commodities for the client.



Commodity Supplemental Food Program

Application

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

Child Nutrition and Food Distribution Programs
 Commodity Supplemental Food Program (CSFP)
 Revised (6/15)

Name		Address	
City	State	County	Telephone Number
Home delivery:	Pick up:	Directions for home delivery, if needed:	

1. Are you Hispanic or Latino? Yes No		
2. What is your race? (Select one or more):		
American Indian or Alaska Native; Asian; Black or African American;		
Native Hawaiian or Other Pacific Islander; White		
Household Members (List <u>ALL</u> household members)	Date of Birth	Form of ID Presented by the applicant*

* DL=Drivers License, BC=Birth Certificate, OT=Other (Specify), NA=Not Available (Signed Affidavit Attesting Age)

This must be read to or read by the applicant:

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that it is illegal to participate in the CSFP at more than one local agency and to make false or misleading statements, misrepresent, conceal or withhold facts regarding my household income. I am also aware that as a result, I could be disqualified from the program for a period not to exceed 3 months. 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 []

Applicant Signature	Date
Caseworker/Program Director Signature	Date

Applicant's Right and Responsibilities

- The local agency will provide notification of a decision to deny or terminate CSFP benefits, and of an individual's right to appeal this decision by requesting a fair hearing;
- The local agency will make nutrition education available to participants and will encourage them to participate;
- The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate;
- **Participants must report changes in household income or composition within 10 days after the change becomes known to the household.**

Income Verification:

Elderly persons (aged 60 years or older) are income-eligible for CSFP if their gross income is at or below 130% of federal poverty thresholds. Income means gross income before deductions for such items as income taxes, employees' social security taxes, insurance premiums, and bonds.

Document all household income below. If available, provide income documentation to the case worker along with the application. Proof of income is not required.

All Household Members	Wages	Social Security/ Retirement/ Pension	Public Assistance	Self Employment/ Unemployment	Other	Subtotals
Total Household Income:						\$

For Office Use Only:

Maximum income for a household of _____ is \$ _____ Certification period: _____ to _____

If more than one person in the household, list member(s) eligible and number of food packs desired:

If more than one person in the household, list member(s) NOT eligible to receive Commodity Supplemental foods:

Re- certification period _____ to _____

Re-certification Approved by: _____
Caseworker/Program Director Signature

Date: _____

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov .
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish).

North Dakota
Commodity Supplemental Food Program
Income Guidelines at 130%

Persons in Family or Household Size	Annual	Monthly	Weekly
1	\$16,588	\$1,383	\$319
2	\$22,412	\$1,868	\$431
3	\$28,236	\$2,353	\$543
4	\$34,060	\$2,839	\$655
5	\$39,884	\$3,324	\$767
6	\$45,708	\$3,809	\$879
7	\$51,532	\$4,295	\$991
8	\$57,356	\$4,780	\$1,103
Each Add'l Member Add	\$5,824	\$486	\$112

****CSPF Guidelines are effective as of 2/11/2020**

USDA is an equal opportunity provider and employer.