

NAME OF APPLICANT

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

- ✓ Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- ✓ You may appeal any decision made by the local agency regarding your denial or termination from the Program.
- ✓ You will be given nutrition, health and social services referral information and are encouraged to seek needed assistance.
- ✓ You must report changes in household income or composition within 10 days after the change becomes known to the household.

If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.


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 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 []

Signature 	DATE
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Signature (Update information, sign and date to update when coming off waiting list) 	DATE
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***** **FOR CERTIFYING AGENCY USE ONLY** *****

<input type="checkbox"/> IDENTITY/ELIGIBILITY/AGE Describe proof:	<input type="checkbox"/> RESIDENCY VERIFIED <input type="checkbox"/> H&SS HANDOUT GIVEN	APPLICANT ELIGIBLE? <input type="checkbox"/> Y <input type="checkbox"/> N	CASELOAD AVAILABLE? <input type="checkbox"/> Y <input type="checkbox"/> N	DATE WRITTEN NOTICE GIVEN:
Signature of Certifying Official	Date Certified	2 nd Year Verification Date	3 rd Year Verification Date	Certification Period 1 st Month/Yr: Last Month/Yr: