DPHHS-FD-034
(Revised 03/25)

STATE OF MONTANA
Department of Public Health and Human Services

DATE: _____

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) APPLICATION

Must be 60 years of age to participate in CSFP.

Applicant: _____
Last Name First Name Middle Initial

Mailing Address: _____
Number Street City Zip County

Physical Address: _____
Number Street City Zip County

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

RACIAL/ETHNIC DATA COLLECTION REQUIREMENT:
What is your ethnic category? ❑ Hispanic or Latino or ❑ Not Hispanic or Latino

Select your race? ❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American
(*Select one or more*) ❑ Native Hawaiian or other Pacific Islander ❑ White

Number of People in Household Including Applicant: _____

Household Members:	Age:	Date of Birth:	Relationship:

HOUSEHOLD INCOME:

SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN
Wages, Salary		
Social Security		
Public Assistance (TANF)		
Pension/Retirement (non-SS)		
Self-Employment		
Unemployment		
Other (Specify)		
Other (Specify)		
TOTAL HOUSEHOLD INCOME:		

(Total Must Not Exceed 150% of the current Federal Poverty Level Guidelines)

INCOME DIRECTIONS: **Income should be as current as possible (previous month's).** Indicate source, amount and how often received (weekly, monthly, bi-weekly, quarterly, annually) Income before deductions such as taxes and SS. MUST INCLUDE INCOME OF ALL HOUSEHOLD MEMBERS. If income inconsistently received, then project it on an annual basis. "Other, Specify" could be income from commissions, strike benefits, income from trusts, contributions from relatives, etc. ***SNAP BENEFITS (Food Stamps) do not count as income.***

Continue on reverse side of this form.

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Identification provided: ☐ Driver's License ☐ Birth Certificate ☐ Alternate ID (Specify): _____

The following individuals are authorized to act as my representative for CSFP to pick up food box:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

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 aware I may not receive CSFP benefits at more than one CSFP site at the same time. 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.

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 OF APPLICANT DATE

- *Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.*
- *You will be notified of your eligibility, eligibility and placement on a waiting list, or ineligibility within 10 days of receipt of this correctly completed and signed application by the local CSFP agency.*
- *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.*
- *If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.*

NEW CERTIFICATION: ☐ ELIGIBLE ☐ NOT ELIGIBLE

Ineligibility reason: _____

Certification for 1 year from _____ to _____. ☐ ID VERIFIED: _____

_____ _____ _____
SIGNATURE OF CERTIFIER TITLE DATE

CIVIL RIGHTS NON-DISCRIMINATION STATEMENT: 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This agency and USDA are an equal opportunity provider, employer, and lender.

Written Notice of Beneficiary Rights

Name of Organization:

Because CSFP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;

2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;

3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and

4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights Executive Director
   Center for Civil Rights Enforcement
   1400 Independence Avenue SW
   Washington, DC 20250–9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact:

   State Agency Contact Information:
   Montana DPHHS Intergovernmental Human Services Bureau
   Food Distribution Programs
   (406) 447-4262
   Glade.roos@mt.gov

   AND/OR
   The USDA Hunger Hotline:
   By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
   By Text: 914-342-7744 with a question that may contain a keyword such as “food," “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.