

Site: _____

2021-2022 MAINE COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Please complete a separate application for each person you are enrolling in the program.
RETURN THIS APPLICATION TO EASTERN AREA AGENCY ON AGING
240 State St., BREWER, ME 04412
1-800-432-7812

Name _____ Date of Birth _____
Address _____ City _____ ZIP _____
County _____ Home Phone _____ Work Phone _____
Email _____ Would you like to receive our *Just For You* Newsletter? Yes No

Please indicate ONE OR MORE: (For civil service statistical purposes only) Are you ...

- 1) American Indian or Alaskan Native Yes No
- 2) Asian Yes No
- 3) Hispanic or Latino Yes No
- 4) Black or African American Yes No
- 5) Native Hawaiian or Other Pacific Islander Yes No
- 6) Caucasian Yes No

IS THE APPLICANT:

- Is the applicant 60 years old or older? Yes No
- Is the applicant currently receiving any benefits under the WIC (Women, Infants, & Children) Program? Yes No
- Is the applicant living with a friend or relative? Yes No

INCOME: PLEASE SUBMIT VERIFICATION OF INCOME FOR ALL FAMILY MEMBERS WITH APPLICATION

<i>Gross Income for all Members of the Family Unit</i>					
What is your Combined Monthly Income?	Circle Family Unit Size	Weekly	Bi-Weekly	Monthly	Annual
\$	1	\$322	\$698	\$1,395	\$16,744
\$	2	\$436	\$944	\$1,887	\$22,646
\$	3	\$549	\$1,190	\$2,379	\$28,548
\$	4	\$663	\$1,436	\$2,871	\$34,450
\$	5	\$776	\$1,682	\$3,363	\$40,352
\$	6	\$890	\$1,928	\$3,855	\$46,254

NOTE: HOUSEHOLD INCOME MUST BE LESS THAN AMOUNTS LISTED ABOVE TO QUALIFY

How many persons live at your address and make up your family unit? _____

Is the applicant's gross family unit income less than the amount listed? Yes No

Has the applicant been on CSFP before? Yes No

Is the applicant currently receiving CSFP? Yes No

**YOUR RIGHTS AND RESPONSIBILITIES IN THE
MAINE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

I AGREE TO:

- Provide proof of my income, address, and identification *if requested*.
- Give staff correct information about my current household and their income.
- Let staff know if my address, income or household composition changes or if I plan to move within 10 days.

I UNDERSTAND THAT:

- CSFP will provide supplemental foods.
- CSFP will provide referrals to nutrition, health or assistance programs as appropriate.
- The CSFP local agency will provide nutrition education to all program participants.
- I will be dropped from this program if I participate in another CSFP or WIC Program.
- I have the right to appeal through the fair hearing process, any decision made by the local agency regarding denial, disqualification, or termination from the program.
- If I do not pick up food 2 months in a row, without telling staff, I will be taken off the Program.
- I may be taken off the program if I sell, trade, or give away CSFP foods.
- I may be taken off the program if I intentionally make false or misleading statements, orally or in writing.
- I may be taken off the program for intentionally withholding information pertaining to eligibility in CSFP.
- I may be taken off the program if I physically abuse or threaten to physically abuse program staff.
- Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against you to recover the value of the benefits, and may lead to disqualification from CSFP.

CERTIFICATION

This application form is being completed in connection with receipt of Federal Assistance. I am aware that program officials may need to verify information on this form and that I am obligated to cooperate. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

I certify that I will not receive both CSFP and WIC benefits simultaneously, and I will not receive CSFP benefits at more than one CSFP site concurrently. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

By checking this box I am indicating that I do not want my personal information released to other organizations administering assistance programs for use in determining my eligibility for participation in this and other public assistance programs and for program outreach purposes. I understand that this may result in my not being approved for this program.

By reading, signing and dating this form, I acknowledge that I have been advised of my rights and obligations under the program. I attest that the information provided is accurate and complete and that I am not receiving any WIC benefits. I understand that I may not receive WIC and CSFP benefits at the same time and that I must notify CSFP of all changes of income, address or household composition within 10 days.

Signature: _____

Date: _____

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, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior credible 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Any questions please contact EAAA
Certifying Action Taken

STAFF USE ONLY:

Approved _____ For period ending last day _____

Date Put on Waiting list if necessary _____

Denied _____ Letter of Fair Hearing Given _____

Date _____ Signature of Verifying & Determining Official _____