



Site _____

2024-2025 MAINE COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Eastern Area Agency on Aging, 240 State Street Brewer, ME 04412 1-800-432-7812

Please complete a separate application for each person enrolling in the program.

Name _____ Date of Birth _____

Address _____ City _____ ZIP _____

County _____ Phone _____ Is mailbox full or not set up? _____

Type of Identification Provided (complete this line in person) _____

Ethnicity: Are you Hispanic or Latino? (Response will not influence eligibility) Yes No

Race: Please indicate your race(s) using ONE OR MORE: (For civil service statistical purposes only)

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| 1) American Indian or Alaskan Native | <input type="checkbox"/> | 2) Asian | <input type="checkbox"/> |
| 3) Black or African American | <input type="checkbox"/> | 4) Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| 5) White | <input type="checkbox"/> | | |

Age: Are you 60 years old or older? Yes No

INCOME: PLEASE INDICATE YOUR COMBINED MONTHLY INCOME & FAMILY UNIT SIZE IN THE TABLE BELOW

Updated January 17, 2024. This table indicates 130% of the federal poverty line.				
Gross Income for All Members of the Family Unit				
What is your Combined Monthly Income?	Please Check <input checked="" type="checkbox"/> Family Unit Size (Household Size)	Weekly	Monthly	Annual
\$	1 <input type="checkbox"/>	\$376.50	\$1,631.50	\$19,578
\$	2 <input type="checkbox"/>	\$511	\$2,214	\$26,572
\$	3 <input type="checkbox"/>	\$645.50	\$2,797	\$33,566
\$	4 <input type="checkbox"/>	\$780	\$3,380	\$40,560
\$	For each add'l household member, add...	\$135	\$583	\$6,994

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

Is your household income **LESS** than the amount listed in the above table? 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 its 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.
- The CSFP local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- The CSFP local agency will provide nutrition education to all program participants and will encourage participation.
- I will be dropped from this program if I participate in another CSFP.
- 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 if there is a waiting list.
- I may be taken off the program if I sell or barter with 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 because of dual participation or other program violations may lead to a claim against you to recover the value of the benefits. It may also lead to disqualification from CSFP.

CERTIFICATION: The following statement must be read by, or to, the applicant or caretaker before signing.

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:** _____

Any questions please contact the agency that provided this application.

STAFF USE ONLY:	
<u>Certifying Action Taken</u>	
Approved _____	For period ending last day _____
ID Verified in person _____	Date Put on Waiting list if necessary _____
Denied _____	Letter of Fair Hearing Given _____
Date _____	Signature of Verifying & Determining Official _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Written Notice of Beneficiary Rights for CSFP and TEFAP

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

1. This organization 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. This organization 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. This organization 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 any other federally funded organizations provide these kinds of services in your area, please contact the USDA Hunger Hotline:

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 this organization provides the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.