Commodity Supplemental Food Program (CSFP) Application rev. 3/2022

Name:_____

Date of Birth:_____

Street address:_____

City:_____

State:_____Zip:_____

Phone Number:_____

# of people in household ages 60+:_____

# of people in household ages 19-59:_____

# of people in household ages 0-18:_____

Please fill out Proxy Form to authorize someone else to pick up your food.

By reading, signing and dating this form, I acknowledge that I have been advised of my rights and obligations under the program (**see page 2)**. I attest that the information provided is accurate and complete. I understand that I must notify the local CSFP agency of all changes of income, address or household composition within 10 days.

Applicant Signature: _____

Date: _____

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 your decision by checking one of the following boxes:

☐ **Yes** ☐ **No**

CSFP Income Guidelines (Effective 2/2022)			
Household Size*	**Weekly**	**Monthly**	**Annually**
1	$340	$1,473	$17,667
2	$458	$1,984	$23,803
3	$576	$2,495	$29,939
4	$694	$3,007	$36,075

**Household size is determined by the number of people you purchase and prepare food with.*

	YES	**NO**
Is your **total** income **at** or **below** the amount listed in the chart?		
Are you currently receiving SNAP (food stamp) benefits?		

Are you of Hispanic, Latino or Spanish Origin?

☐ **Yes** ☐ **No**

What is your ethnicity?

- ☐ **American Indian or Alaskan Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **White**
- ☐ **Asian & White**
- ☐ **American Indian or Alaska Native & White**
- ☐ **Black or African American & White**
- ☐ **American Indian or Alaska Native & Black**
- ☐ **Other**

Type of proof used to confirm identity and age:

- ☐ Driver's License/ State ID card
- ☐ Birth Certificate
- ☐ Passport
- ☐ HUD/Housing file
- ☐ Government Agency file
  - Which agency _____

Verifying Individual: _____

Applications can be submitted to your local CSFP distribution site or can be returned to the Greater Boston Food Bank. Applications submitted by mail must include a copy of proof of identity and age.

Mail: The Greater Boston Food Bank, 70 South Bay Avenue, Boston, MA 02118

Fax: 617-507-6485 Email: CSFP@gbfb.org

Massachusetts Commodity Supplemental Food Program (CSFP)
Applicant Rights and Responsibilities

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 moved to the waitlist.
- I may be taken off the program if I sell, or trade 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 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 for the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.