FD-CSFP-01
5/03

Kentucky Department of Agriculture
COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION/CERTIFICATION

County #: _____ Local Agency ID: _____ Certification Site ID: _____

Applicant Information

Applicant Name:		Date of Birth:	Sex: ☐ M ☐ F	Application Date:
Street Address:	City:	State: **Kentucky**	Zip code:	Phone Number:
Authorized Representative #1:	AR Phone Number:	Authorized Representative #2:		AR Phone Number:

Racial/Ethnic Data (For Statistical Purpose Only)

Are you Hispanic or Latino? ☐ Yes ☐ No	☐ Asian ☐ White	☐ Black or African American	☐ Native Hawaiian or other Pacific Islander	☐ American Indian or Alaskan Native	☐ American Indian or Alaska Native and White	☐ Asian and White	☐ Black or African American and White	☐ American Indian or Alaska Native and Black or African American

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 both CSFP and WIC benefits simultaneously, and 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 of Applicant: _____ Date: _____

The Kentucky Department of Agriculture Division of Food Distribution operates CSFP in accordance with the United States Department of Agriculture policy, which prohibits discrimination on the basis of race, color, national origin, age, sex, and disability. (Not all prohibited bases apply to all programs)

Certification Data (To be completed by Program staff)

Action: Date: ☐ Initial _____ ☐ Re-certification _____ ☐ Change _____	Initial Certification Completion Date: _____	Re-certification Completion Date: _____
Priority: (Check appropriate box) ☐ 1. Infant (0-3mos.) ☐ 2. Infant (4-12)mos. ☐ 3. Pregnant / Breastfeeding ☐ 4. Child (1-6 yrs old) ☐ 5. Postpartum / Non-Breastfeeding ☐ 6. Elderly (Age 60 & up) ☐ 7. Elderly (Age 60 / Homebound)	Household Income: _____ ☐ Weekly ☐ Monthly ☐ Yearly Number of people in HH: _____	Status: ☐ Eligible (Participating) ☐ Eligible (Placed on Waiting List) ☐ Moved From Waiting List Date:_____ ☐ Not Eligible ☐ Closed/Terminated Reason not eligible or terminated: _____ Date Notice Sent: _____
Documentation of Verification Method: ☐ Categorical eligibility: _____ ☐ Income eligibility: _____ ☐ Residence: _____		

I hereby certify that this assessment was made on the basis of information contained within agency files. All eligibility criteria were applied as defined by the Kentucky Department of Agriculture Division of Food Distribution.

Signature of Agency Official: _____ Title: _____

Referrals

Indicate any referrals made to other service below:	Documentation:
☐ WIC program Date: _____ ☐ Food Stamp Program Date: _____ ☐ Supplemental Security (SSI) Date: _____ ☐ Other: _____ Date: _____	

White Copy - Local Agency Pink Copy - Certification/Distributing Site