

**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: <input type="checkbox"/> M <input type="checkbox"/> F	Application Date: _____
Street Address: _____	City: _____	State: <b>Kentucky</b>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian  <input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaska Native and White	<input type="checkbox"/> Asian and White	<input type="checkbox"/> Black or African American and White	<input type="checkbox"/> American Indian or Alaska Native and Black or African American
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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: <input type="checkbox"/> Initial <input type="checkbox"/> Re-certification <input type="checkbox"/> Change	Date: _____	Initial Certification Completion Date: _____	Re-certification Completion Date: _____
Priority: (Check appropriate box)  <input type="checkbox"/> 1. Infant (0-3mos.) <input type="checkbox"/> 2. Infant (4-12)mos. <input type="checkbox"/> 3. Pregnant / Breastfeeding <input type="checkbox"/> 4. Child (1-6 yrs old) <input type="checkbox"/> 5. Postpartum / Non-Breastfeeding <input type="checkbox"/> 6. Elderly (Age 60 & up) <input type="checkbox"/> 7. Elderly (Age 60 / Homebound)	Household Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly Number of people in HH: _____	Status: <input type="checkbox"/> Eligible ( Participating) <input type="checkbox"/> Eligible (Placed on Waiting List) <input type="checkbox"/> Moved From Waiting List Date: _____ <input type="checkbox"/> Not Eligible <input type="checkbox"/> Closed/Terminated Reason not eligible or terminated: _____	Date Notice Sent: _____
Documentation of Verification Method: <input type="checkbox"/> Categorical eligibility: _____ <input type="checkbox"/> Income eligibility: _____ <input type="checkbox"/> 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: <input type="checkbox"/> WIC program <input type="checkbox"/> Food Stamp Program <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Other: _____	Date: _____ Date: _____ Date: _____ Date: _____	Documentation: _____
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