

**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
--	--	--	--	--	---	--	--	---

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 of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal 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), age, disability, and 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 for program information (e.g., Braille, large print, audiotope, and 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; (2) fax: (833) 256-1665 or 202-690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**The Kentucky Department of Agriculture does not discriminate on the basis of race, color, religion, gender, national origin, age (over 40), sexual orientation, gender identity, disability, genetics, ancestry or veteran status. Reasonable accommodations are provided upon request.**

**Gross Household Income:** \$ \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_

Monthly  Semi-monthly  Every 2 Weeks  Weekly

**Total Household Members** \_\_\_\_\_ (Check box if included for CSFP)

List the name of all household members below and place a check in the box by the name of all CSFP participants.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Certification Data (To be completed by Program staff)

Action: <input type="checkbox"/> Initial <input type="checkbox"/> Re-certification #1 <input type="checkbox"/> Re-certification #2	Date: _____ _____ _____	Initial Certification Completion Date: _____	Re-certification Completion Date: _____
Classification: (Check appropriate box)  <input type="checkbox"/> 6. Elderly (Age 60 & up) <input type="checkbox"/> 7. Elderly (Age 60 / Homebound)		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	
Documentation of Verification Method: <input type="checkbox"/> Categorical eligibility: _____ <input type="checkbox"/> Residence: _____		Reason not eligible or terminated: _____ Date Notice Sent: _____	

*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:
---	--	----------------