ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services (DAAS)
Coordinated Hunger Relief Program

HRP-1028A FORPDF (8-17)

COMMODITY SENIOR FOOD PROGRAM (CSFP)
APPLICATION FOR BENEFITS

New Enrollment　　　　Recertification

APPLICANT INFORMATION

NAME *(Last, First, M.I.)* ______________________________

SEX: Female　Male　DATE OF BIRTH ______________ AGE ______________

ADDRESS *(No., Street)* ______________________________

CITY ______________ STATE ______ ZIP CODE ______________ PHONE NUMBER ______________

ETHNICITY *(choose one)*: Hispanic or Latino　Not Hispanic or Latino

RACE *(choose as many as needed)*: African American or Black　American Indian or Alaska Native　Asian　Native Hawaiian or Other Pacific Islander　White

By marking the box to the left, I certify that my gross household income is equal to or below 130 percent of the current federal poverty guidelines as applicable to my household size, I have reviewed the current income eligibility chart and received an explanation of countable and non-countable income.

AUTHORIZATION FOR PROXY

I understand that I must pick up my food regularly and that I may be terminated from CSFP if I fail to pick up my food. In the event that I am unable to pick up my food, please release it to:

PROXY'S PRINTED NAME(S):	**PROXY'S SIGNATURE(S):**
______________________	______________________
______________________	______________________
______________________	______________________

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**

APPLICANT'S NAME *(Please Print)* ______________________________

APPLICANT'S SIGNATURE ______________________________ DATE ______________

See reverse for USDA nondiscrimination and EOE/ADA/LEP/GINA statements

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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