



## COMMODITY SENIOR FOOD PROGRAM (CSFP) PARTICIPANT RIGHTS AND OBLIGATIONS

### Our Pledge to You

#### Supplemental Foods

- CSFP provides you with a supplemental food box once a month.
- CSFP will make nutrition education available to all participants, authorized representatives and proxies.

#### Fair Treatment

- CSFP rules are the same for everyone.
- You have a right to appeal a decision made by CSFP staff about your eligibility.

#### Privacy

- Unless you specifically authorize otherwise, all information you give to CSFP will be kept private.

#### Help Getting Enrolled in Other Services

- If you move to a different area, your CSFP information may be shared with the new CSFP agency.
- CSFP provides referrals to health and social services programs that may be able to help you.

**By signing below, I agree to all of the rights and obligations listed on this form.**

### Your Pledge to CSFP

#### Honesty

- CSFP food benefits you, and you may not sell or trade the food (the intention alone may be grounds for removal from the program).
- If CSFP determines you have attempted to sell or had the intention to sell any food benefits verbally, in print or online, you will be subject to disqualification.
- You may enroll at only one CSFP location at a time and may not receive benefits at more than one CSFP location at the same time.
- ID/Transfer Cards are unique to you and must not be changed or altered.

#### Protect Your Benefits

- Keep your CSFP ID/Transfer Card safe.

#### Accurate Information

- Provide current and truthful information (CSFP staff may verify that the information is correct).

#### Good Use of the Program

- Be courteous and respectful toward CSFP staff.
- Following the rules of CSFP is important to avoid being disqualified from the program, prosecuted for program violations and/or asked to repay program benefits.

Client Name	Client Signature	Date
Authorized Representative 1 Name	Authorized Representative 1 Signature	Date
Authorized Representative 2 Name	Authorized Representative 2 Signature	Date
Agency Certifier Name	Agency Certifier Signature	Date

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