

CASE # _____

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Please complete one application for each person you are enrolling on the program.

Name _____ Date of Birth _____ Verified by _____

Address _____ City _____ ZIP _____ Verified by _____

County _____ Home Phone _____ Work Phone _____

CIRCLE ONE OR MORE: (For civil service statistical purposes only) Are you Hispanic or Latino? ____ Yes ____ No

- 1) American Indian or Alaskan Native
- 2) Asian
- 3) Black or African American
- 4) Native Hawaiian or Other Pacific Islander
- 5) White

IS THE APPLICANT:

Female Male Social Security Number _____

ADULTS ONLY(Circle one): Single Married Divorced Separated Widowed

List persons authorized to pick up your food-no more than two (2): _____

How many persons live at your address? _____ Are you living with a friend or relative? Yes No

List all persons living in your home and include income for each person working or receiving benefits.

<u>Names of those WORKING</u>	<u>D.O.B</u>	<u>Hours worked</u>	<u>Amount Gross</u>					
_____	_____	_____	_____	Hour	Week	Biweek	Month	Year
_____	_____	_____	_____	Hour	Week	Biweek	Month	Year

Names and Ages of those NOT WORKING, RETIRED, CHILDREN-OTHER THAN YOURSELF

LIST DOLLAR AMOUNTS OF ANY OTHER INCOME (before deductions):

TAF _____ Social Security _____ Food Stamps _____ Disability /SSI _____

Unemployment _____ Pension/Retirement _____ DCF/General Asst. _____ Foster Care Pay _____

Military Pay _____ Self-Employed _____ Child Support _____ Interest Income _____

Other _____ Verified by _____

Has the applicant been on CSFP before? Yes No

Is the applicant, or any others living in the home Migrant Workers? Yes No In a homeless shelter? Yes No

By reading, signing and dating the back of this form, I acknowledge that the information provided is accurate and complete. I also understand that I must notify CSFP of all changes of income, address or household composition within 10 days.

This institution is an equal opportunity provider.