

YOUR RIGHTS AND RESPONSIBILITIES IN THE KANSAS COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

I AGREE TO:

- ✓ Bring proof of income, address, and identification for each person applying.
- ✓ Give staff correct information about my current household and their income.
- ✓ Let staff know if my address, income or household composition changes or if I plan to move within 10 days.

I UNDERSTAND THAT:

- ✓ CSFP will provide supplemental foods.
- ✓ CSFP will provide referrals to nutrition, health or assistance programs as appropriate.
- ✓ The CSFP local agency will provide nutrition education to all program participants.
- ✓ I will be dropped from this program if I participate in another CSFP Program.
- ✓ I have the right to appeal through the fair hearing process, any decision made by the local agency regarding denial, disqualification, or termination from the program.
- ✓ If I do not pick up food 2 months in a row, without telling staff, I will be taken off the Program.
- ✓ I may be taken off the program if I sell, trade, or give away CSFP foods.
- ✓ I may be taken off the program if I intentionally make false or misleading statements, orally or in writing.
- ✓ I may be taken off the program for intentionally withholding information pertaining to eligibility in CSFP.
- ✓ I may be taken off the program if I physically abuse or threaten to physically abuse program staff.
- ✓ Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against you to recover the value of the benefits, and may lead to disqualification from CSFP.

This application form 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 once CSFP site at the same time. I am also aware that I may not receive CSFP benefits more than once a month at another site of CSFP.

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 Participant, Adult Parent, or Caretaker

Date

This institution is an equal opportunity provider.