



KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
**PARTICIPANT APPLICATION**

Is the applicant or any qualifying household member participating in CSFP at another site? <input type="checkbox"/> YES <input type="checkbox"/> NO Improper use and receipt of the CSFP benefits as a result of dual participation or other <b>program violations may lead to a claim against the individual</b> to recover the value of the benefits and may lead to disqualification from the CSFP.					
NAME OF APPLICANT				DATE OF BIRTH	
ADDRESS				COUNTY	
CITY		STATE		ZIP CODE	
TELEPHONE NUMBER			TOTAL NUMBER LIVING IN HOUSEHOLD		
NAMES OF HOUSEHOLD MEMBERS		AGE	DATE OF BIRTH		
For additional household members, use back of form.					
<b>CHANGES MUST BE REPORTED</b>  Participants must report changes in household income or composition <b>within 10 days</b> after the change becomes known to the household.	Indicate the source and amount of current income before any deductions, such as taxes and social security. This amount must include income of all household members. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc. If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.				
	<b>HOUSEHOLD INCOME</b>		<b>AMOUNT</b>	<b>HOW OFTEN RECEIVED</b>	
	Gross Salary, Wages				
	Social Security				
	Public Assistance (Welfare)				
	Child Support (Alimony)				
	Pensions/Retirement				
	Self-Employment				
	Unemployment				
	Other Income				
<b>Total Household Income</b>					
<b>RACIAL ETHNIC DATA (OPTIONAL) Mark your race? (Select one or more)</b>					
Are you of Hispanic or Latino origin?  <input type="checkbox"/> YES <input type="checkbox"/> NO	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

<b>NAME OF APPLICANT</b>			
<b>BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:</b> <ul style="list-style-type: none"> <li>✓ Standards for participation in the program are the same for everyone regardless of race, color, national origin, sex, age, and disability, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.</li> <li>✓ You may appeal any decision made by the local agency regarding your denial or termination from the program. Local agency will provide notification of a decision to deny or terminate CSFP benefits.</li> <li>✓ You will be given nutrition, health, and social services referral information and are encouraged to seek needed assistance.</li> <li>✓ You must report changes in household income or composition within 10 days after the change becomes known to the household.</li> <li>✓ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.</li> <li>✓ I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.</li> <li>✓ I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.</li> <li>✓ I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.</li> </ul> <p>This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. 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.</p> <p>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.)</p> <div style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div>			
SIGNATURE OF APPLICANT OR GUARDIAN			DATE
UPDATE INFORMATION, SIGN AND DATE FOR CERTIFICATION AFTER ON WAITING LIST			DATE
<b>FOR CERTIFYING AGENCY USE ONLY</b>			
<input type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED		<input type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED	
<input type="checkbox"/> INCOME ELIGIBLE			
<input type="checkbox"/> KDADS, SNAP, LIEAP INFO GIVEN	APPLICANT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> CASELOAD AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
WRITTEN NOTICE GIVEN			DATE OF WRITTEN NOTICE
<input type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION			
<input type="checkbox"/> ADDED TO WAIT LIST-DATE			DATE CERTIFIED
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL			
PERIOD OF CERTIFICATION			
BEGINNING MONTH/YEAR		ENDING MONTH/YEAR	
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)		DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)	

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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.