

**2023-2024 MAINE COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION**

Mail to: Wayside Food Programs, c/o CSFP, P.O. Box 1278, Portland, ME 04104  
 Questions? Call Emma Berry at 207-775-4939

**Please complete a separate application for each person enrolling in the program.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Is mailbox full or not set up? \_\_\_\_\_

Type of Identification (complete this line in person) \_\_\_\_\_

**Ethnicity: Is the applicant Hispanic or Latino? (Response will not influence eligibility)**  Yes  No

**Race: Please indicate applicant's race(s) using ONE OR MORE:** (For civil service statistical purposes only)

1) American Indian or Alaskan Native

2) Asian

3) Black or African American

4) Native Hawaiian or Other Pacific Islander

5) White

**Age:** Is the applicant 60 years old or older?  Yes  No

**INCOME:** What is the applicant's household size (number of persons in economic / family unit)? \_\_\_\_\_

What is the applicant's household income (USD)? \$ \_\_\_\_\_

**Updated January 17, 2023. This table indicates 130% of the federal poverty line.**

Household Size	Annual	Monthly	Weekly
1.....	\$18,954	\$1,580	\$364.50
2.....	\$25,636	\$2,136	\$493
3.....	\$32,318	\$2,693	\$621.50
4.....	\$39,000	\$3,250	\$750
<b>For each additional household member, add...</b>	\$6,682	\$556	\$128.50

Is the applicant's household income **LESS** than the amount listed in the above table?  Yes  No

**PLEASE CONTINUE ONTO THE BACK PAGE**

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

### I AGREE TO:

- Provide proof of my income, address, and identification *if requested*.
- Give staff correct information about my current household and its 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.
- The CSFP local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- The CSFP local agency will provide nutrition education to all program participants and will encourage participation.
- I will be dropped from this program if I participate in another CSFP.
- 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 if there is a waiting list.
- I may be taken off the program if I sell or barter with 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 because of dual participation or other program violations may lead to a claim against you to recover the value of the benefits. It may also lead to disqualification from CSFP.

### **CERTIFICATION: The following statement must be read by, or to, the applicant or caretaker before signing.**

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 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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Any questions please contact the agency that provided this application.**

**STAFF USE ONLY:**

Certifying Action Taken

Approved \_\_\_\_\_

For period ending last day \_\_\_\_\_

ID Verified in person \_\_\_\_\_

Date Put on Waiting list if necessary \_\_\_\_\_

Denied \_\_\_\_\_

Letter of Fair Hearing Given \_\_\_\_\_

Date \_\_\_\_\_

Signature of Verifying & Determining Official \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S.D.A., Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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