



Staff use only:  
 Received, date: \_\_\_\_\_  
 Approved       Denied  
 Wait List, date: \_\_\_\_\_

**COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION**  
 CSFP is a senior food assistance program. Community members who are age 60+, live in Cumberland, Oxford or York County & meet income requirements are eligible. This program is per person not per household, but every individual must complete and submit an application.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ CSFP Site (Where did you sign up?): \_\_\_\_\_

Is there a friend, neighbor, aid or case worker who will be helping with this or picking up for you?

Proxy Name: \_\_\_\_\_ Proxy Phone: \_\_\_\_\_

**How do you identify? Please check all that apply.**

- \_\_\_ American Indian or Alaska Native      \_\_\_ Spanish/Hispanic/Latino (any race)
- \_\_\_ Asian      \_\_\_ White
- \_\_\_ Black or African American      \_\_\_ Other:
- \_\_\_ Native Hawaiian or Pacific Islander      If other, please specify \_\_\_\_\_

**Please verify your income based on your household size. Check the range that applies.**

Household Size	Monthly Household Income	Household Size	Monthly Household Income
1	___ \$0 - \$1,307	4	___ \$0 - \$2,665
2	___ \$0 - \$1,760	5	___ \$0 - \$3,118
3	___ \$0 - \$2,213	6	___ \$0 - \$3,571
>6	___ \$0 - (For each additional household member add \$453.00)		

By reading, signing and dating this form, I acknowledge that I have been advised of my rights and obligations under the program. I attest that the information provided is accurate and complete to the best of my knowledge and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I understand that I must notify CSFP of all changes of income, address or household composition within 10 days.

I understand that CSFP will provide supplemental foods however I may be taken off the program if I do not pick up food 3 months in a row without contacting staff, if I sell CSFP foods or if I intentionally withhold information pertaining to my eligibility. I am aware that program officials may need to verify information on this form and that I am obligated to cooperate.

I certify that I will not receive CSFP benefits at more than one site. Furthermore, I am aware that the information provided may be released to other organizations administering assistance programs for use in determining my eligibility and to detect and prevent dual participation.

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

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**Please return this form to:**  
 Wayside Food Programs, c/o CSFP, P.O. Box 1278, Portland, ME 04104

