## Food for Life -Commodity Supplemental Food Program (CSFP) (Virginia) Application



Name of Applicant: \_\_\_\_\_ www.serve-helps.org Male Female Date of Birth: Street Address: \_\_\_\_\_City:\_\_\_\_\_ Phone Number: \_\_\_\_\_ Household Income: \_\_\_\_\_\_Per: Week\_\_\_\_\_ Month Year Number of Persons in Household: Participants must report changes in household income or changes to the number of persons in household within 10 days after the change becomes known to the household. "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 both CSFP and WIC benefits simultaneously, and 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[] Data in this section is a USDA statistical requirement for the program. Responses will not affect consideration of this application. 1. Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No 2. What is your race? (Select one or more) \_\_\_\_\_ American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander

White

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- (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 (833) 256-1665
- (3) email: program.intake@usda.gov.

## This institution is an equal opportunity provider. Signature of Applicant Date Signature of Approving Staff Date Date of Approval\_\_\_\_\_ Date Notification of Ineligibility Sent\_\_\_\_\_ Wait List Notification Sent\_\_\_\_\_ Site Location\_\_\_\_ SERVE, Stafford, VA