

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



Supporting  
Stafford County:  
> Food Pantry  
> Utilities Help  
> Rx Assistance

SERVING CHILDREN AND FAMILIES SINCE 1979

[www.serve-helps.org](http://www.serve-helps.org)

Name of Applicant: \_\_\_\_\_

Male      Female      Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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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**Stafford Emergency Relief through Volunteer Efforts**

15 Upton Lane, Stafford, VA 22554 (540) 288-9603 [SERVE@SERVE-helps.org](mailto:SERVE@SERVE-helps.org)

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, audiotope, 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.ocio.usda.gov/document/ad-3027), (AD-3027) found online at: <https://www.ocio.usda.gov/document/ad-3027>, 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 (833) 256-1665
- (3) email: [program.intake@usda.gov](mailto: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

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