

South Carolina Department of Agriculture

COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

Contracted Food Bank: _____

Distributing Agency (if different from Contracting Food Bank): _____

County Name: _____ Application Date: _____

Applicant Information (Please Print Clearly)

Applicant Name:	Date of Birth:	Age:	Sex:	Social Security Number:
Residential Address:	City:	State:	Zip Code:	Home Phone:
Mailing Address:	City:	State:	Zip Code:	Cell Phone:

Racial/Ethnic Data (Optional)

(Data will not affect consideration of application for assistance. This information is requested solely to ensure compliance with Federal Civil Rights laws)

Ethnic Category (Select only one) Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Racial Category (Select only one) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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Household Income

Did you provide a copy of the current adjusted household income guidelines at 130 percent Federal Poverty Income Guideline to applicant? Yes No

Gross household Income: \$ _____ Source(s) of Income: _____
 Monthly Twice-monthly Every 2 Weeks Weekly

Total Household Members _____ (Check box if included for CSFP) Total CSFP Household Members _____
 List the name of all household members below and place a check in the box by the name of all CSFP participants.

	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

I hereby certify that: I understand that the foods given to me are to be used by person listed hereon and as directed by the distributing agency. I authorize the following person(s) to pick up food for me from the Distribution Center.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Eligibility Verification (Document the verification used for each eligibility criteria listed below):	
Eligibility Criteria Verification Sources:	Age Verified:
Date on Documentation:	
"This application is being made 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 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 responsibilities 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 to other organizations for use in determining my eligibility for participation in other public assistance programs and for outreach purposed." (Please indicate decision by placing a checkmark in the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant: _____ Date: _____	
Witness Signature (if signature above is an "X") _____	

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