

Thank you for your interest in the Commodity Supplemental Food Program (CSFP). Please read the following eligibility guidelines and instructions prior to completing and submitting your application.

Eligibility requirements:

- Live in Utah
- Be 60 years of age or older
- Have an income at or below 150% of the federal poverty guideline based on household size (proof of income not required)

| 150% federal poverty guideline | |
|---------------------------------------|-----------------------------|
| Household size | Gross monthly income |
| 1 | \$1,883 |
| 2 | \$2,555 |
| 3 | \$3,228 |
| 4 | \$3,900 |
| 5 | \$4,573 |
| Each additional member, add \$673 | |

The following **MUST** be submitted to consider your application for approval:

- A copy of your ID.* Verification of address (such as utility bill or lease) is required if different than what's listed on ID. This additional documentation is for identification purposes only and will not be kept on file. If unable to make a copy, please contact Utah Food Bank at (801) 887-1275.
- Pages 1-2 of the application (please read certification statement and policies, then sign page 2).

*Acceptable forms of identification include: state identity card, driver's license, insurance policy, clinic, doctor, or hospital record, U.S. passport or U.S. citizen ID card, marriage or divorce record, voter's registration, military record, newspaper notice of birth, welfare card, or any official document that includes applicant's name and age/date of birth.

How to submit application:

- Mail: Utah Food Bank, ATTN CSFP, 3150 S 900 W, Salt Lake City, UT 84119
- Fax: Utah Food Bank, ATTN CSFP, (801) 978-9565
- Email: csfp@utahfoodbank.org
- In-person: At your local CSFP distribution site

Once you turn in all required documents, Utah Food Bank will send you a letter informing you of your application status. If you have any questions about the application or process, please call (801) 887-1275.



Participation application

| | | |
|--|---|----------------------|
| Name | Physical address | Unit # |
| City | Zip code | Date of birth / / |
| Home phone | Cell phone | Email |
| Primary language | Preferred method of contact <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail | |
| Mailing address (if different from physical) | City | Zip code |

Monthly income: Seniors (aged 60 years or older) are eligible for CSFP if their gross income is at or below 150% of federal poverty thresholds (in relation to household size). Do not report SNAP benefits.

| Household size | Gross monthly income | Household size |
|-----------------------------------|----------------------|--------------------------------|
| 1 | \$1,883 | Gross monthly household income |
| 2 | \$2,555 | |
| 3 | \$3,223 | |
| 4 | \$3,900 | |
| 5 | \$4,573 | |
| Each additional member, add \$673 | | |

Race and ethnic data

This information is for recordkeeping purposes only. It does not affect your eligibility.

Are you Hispanic or Latino? Yes No

What is your race?

- Asian White Black or African American
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Proxy

I authorize the following individuals to pick up my food box in the event that I am unable to:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

How did you hear about CSFP?

- Neighbor/friend SNAP Pantry Advertisement Other

Certification statement

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 also 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.

Authorization of information release

I authorize the release of information provided on this form to other organizations for use in determining my eligibility for participation in other assistance programs and for program outreach purposes.

Yes No

No show policy

As the applicant, or guardian for the applicant, I understand the Rights and Responsibilities of the Commodity Supplemental Food Program and agree. I have received the No Show policy and understand that I need to make arrangements to pick up my box each month, or make arrangements with Utah Food Bank.

Recertification policy

I also understand that certification periods are in 12-month increments, or as otherwise stipulated by Utah Food Bank, and that I will need to recertify for the program every 12 months when Utah Food Bank reaches out to me.

| | |
|---|-------------|
| Signature of applicant or legal guardian | Date |
|---|-------------|

End of application

| For site/pantry service coordinator only | | | |
|---|---------------------------|---------------|-----------|
| Housing site/pantry/senior center name: _____ | | | |
| Identity verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Initials: _____ | | | |
| Address verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Utah Food Bank Staff only</td> <td style="width: 35%; padding: 5px;">Date Received</td> <td style="width: 35%; padding: 5px;">Record ID</td> </tr> </table> | Utah Food Bank Staff only | Date Received | Record ID |
| Utah Food Bank Staff only | Date Received | Record ID | |



Policies and civil rights

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program (CSFP).

Rights

1. Standards for participation in the Program are the same for everyone regardless of race, color, sex, national origin, age or disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from the Program. You have a right to a fair hearing.
3. The local agency will provide notification of a decision to deny or terminate CSFP benefits. The local agency will also provide notice of the individual's right to appeal this decision by requesting a fair hearing.
4. The local agency will make nutrition education available to all participants and provide information on other nutrition, health, or assistances programs, and make referrals as appropriate.
5. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.
6. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Responsibilities

1. Do not make false statements orally or in writing in order to obtain benefits to which you or your household would not otherwise be eligible.
2. Do not conceal information in order to obtain benefits for which you are not eligible.
3. Do not alter Program documents for the purpose of receiving increased benefits for which you are not eligible or for the purpose of transferring benefits to unauthorized individuals.
4. Do not use supplemental foods in an unauthorized manner, such as trading or selling the foods.
5. Do not commit dual participation in CSFP (locally and/or across states).

Ineligibility

I will be advised in writing that I am ineligible to participate in the Commodity Supplemental Food Program and have the right to a fair hearing. Criteria for ineligibility may include age, income, or home address.

No show policy

As part of the Commodity Supplemental Food Program (CSFP), food packages should be collected from the designated locations every month. Violation of the “no-show” policy shall result in forfeiture of CSFP benefits. The CSFP No Show Policy is as follows:

1. Participants who fail to pick up food packages for two (2) consecutive months will be removed from enrollment in CSFP.
2. Participants in hospital, out of town, or unable to pick up the food package due to illness for two (2) consecutive months may remain on the program and will not be removed, as long as they contact Utah Food Bank at (801) 887-1275.
3. Participants who are removed from the program for violation of the “no-show” policy are allowed to reapply for benefits unless they have violated the “no-show” policy twice previously. If a waitlist exists, participants reapplying after violating the “no-show” policy must be treated as if they are applying for the first time, and must be placed on the waitlist in the order in which they contacted Utah Food Bank.
4. Participants who violate the “no-show” policy a third time within a 12-month period must be disqualified from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk.
5. Participants in violation of the “no-show” policy have a right to request a fair hearing by contacting their local CSFP agent at (801) 245-0087.

Civil rights

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. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Beneficiary rights for CSFP

Because Utah CSFP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact:

Utah CSFP State Coordinator at 801 245-0087

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.



Additional social services

- 2-1-1**2-1-1
 Services: Provides health and human services information and referral to all people of all ages such as housing, food transportation, legal, mental health, addiction, medical, dental, and vision. 211utah.org
- Adult Protective Services**801-538-3567
 Services: Investigation into alleged abuse, neglect, or exploitation of vulnerable adults over the age of 18. Hotline:800-371-7897
- Aging and Adult Services Division**877-424-4640
 Services: Provides home and community-based services of older persons to allow people to remain independent.
- ASSIST Inc**.....801-355-7085
 Grant-based emergency home repairs, aging-in-place assessments, and accessibility retrofits for income-qualifying households in Salt Lake County. www.assistutah.org
- Circuit Breaker Homeowner Abatement**Contact your local county
 Services: Provides tax credit for homeowners and mobile homeowners who meet certain income and resident qualifications.
- Circuit Breaker Renters Rebate**801-297-6254
 Services: Provides a refund check towards rent for eligible citizens and legal aliens 65+.
- Meals on Wheels**..... Contact your local Area Agency on Aging
 Services: Home delivered meals to homebound seniors age 60+ that lack other meal preparation resources. Provided through your local Area Agencies on Aging and senior center.
- Medicaid**.....800-662-9651
 Services: Medical expenses for eligible limited income households. www.medicaid.gov
- Medicare** 800-MEDICARE (633-4227)
 Services: Health insurance to persons 65+. www.medicare.gov
- Senior Farmers Market Nutrition Program**.....800-453-3663
 Services: \$50 voucher for fresh produce at participating farmers markets. uah.org/get-help/senior-farmer-s-market-program



Additional social services

State Utility Assistance Programs

HEAT866-205-4357

Services: Provides winter home heating assistance and year-round crisis intervention for eligible low-income households.

Weatherization Program Visit jobs.utah.gov/housing/scso/wap/how.html for contact info

Services: Help to weatherize homes and to provide emergency repair or replacement of furnaces and air conditioning units.

UTAP/Lifeline800-234-9473

Services: Discounts on either landline phone services or internet services.

Supplemental Nutrition Program (SNAP)866-435-7414

Services: "Food stamps" for purchasing food or food products with nutritional value.

jobs.utah.gov/customereducation/services/foodstamps/

Supplemental Security Income (SSI)800-772-1213

Services: Monthly benefits for those who are 65+ or who meet other eligibility criteria.