

Commodity Supplemental Food Program



Commodity Supplemental Food Program or CSFP is a monthly food program through the United States Department of Agriculture that targets senior citizens age 60 and above with income at or below 150% of the federal poverty level.



Monthly Box Includes:*

- 8 cans of vegetables
- 1 shelf-stable mild and 1 powdered milk
- 2 boxes of cereal or oatmeal
- 3 fruit with 1 juice
- 3 cans of protein
- 1 bag/box of rice or pasta
- 1 jar of peanut butter or 1 bag of beans or lentils
- 1 two lb. block of cheese

*Contents subject to change

Requirements to Qualify:

Participants must be age 60 or older.

Monthly household income cannot exceed:

1 person household: \$1,957/month

2 person household: \$2,644/month

Applicant must provide:

- copy of ID and proof of address
- the amount and type of current gross monthly income

**For more
information, please
call 316-267-0511.**

Instructions for CSFP (Senior Commodities) Application Completion.

(MUST BE 60 YEARS OF AGE TO PARTICIPATE IN CSFP.)

Name and Date of Birth: Fill in the applicant's name and date of birth. **Proof of name and date of birth must be provided.** Acceptable forms of proof include: driver's license, state issued identification card, state issued birth certificate, hospital issued certificate of live birth, or passport.

Address, City, Zip Code, and County: Fill in the applicant's current address. **Proof of current address must be provided.** Acceptable forms of proof include: driver's license, state issued identification card, bills mailed to the address, lease, and rent receipts.

Mailing Address: If the applicant's mailing address differs from the applicant's physical address, **please write the mailing address in the margin of the application** since the application does not provide a place for it.

Phone Number: List any phone numbers that can be used to reach the applicant, if applicable.

Living Arrangements: Write the number of people live at the applicant's.

Household Members: List all persons living in the household (other than applicant). Also list each person's age and date of birth

Household Income: In the amount column, **list the dollar amounts** for each type of income on the list. **Note: provide the amount before deductions (gross income).** In the How Often Received column, indicate if the income is weekly, bi-weekly, monthly, etc. If you receive food stamps, please write that amount of the line for Public Assistance and write food stamps in the how often received column.

CSFP Gross Income Limit - 150% of Federal Poverty Income Guidelines (MUST COUNT ALL INCOME FOR ALL PEOPLE LIVING IN THE HOME)		
Household Size	Monthly Income	Annual Income
1	\$1,957	\$23,475
2	\$2,644	\$31,725
3	\$3,332	\$39,975
4	\$4,019	\$48,225
5	\$4,707	\$56,475
6	\$5,394	\$64,725

Race/Ethnicity: Circle one or more of the race options as they pertain to applicant. Check whether or not the applicant considers themselves to be of Hispanic or Latino ethnicity. **Note: These are for statistical purposes only and must be reported by DCF to USDA annually.**

Back of the Application:

1. Read your rights and responsibilities.
2. Release of information statement: check yes or no.
3. **DON'T FORGET TO SIGN AND DATE THE APPLICATION.**

ATTENTION!! IF YOU WOULD LIKE SOMEONE TO BE ABLE TO PICK UP YOUR FOOD BOX FOR YOU (PROXY): Up to two people can be authorized to pick up the applicant's commodities. The applicant will need to complete a proxy form for each person. The proxy form is valid for one year so to maintain authorization, the form must be renewed annually. The proxy form will be provided upon request.

SUBMIT YOUR APPLICATION, PROOF OF NAME/DATE OF BIRTH, AND PROOF OF ADDRESS

- IN PERSON AT UNITED METHODIST OPEN DOOR, 2130 E 21ST ST NORTH, WICHITA, KS
- BY EMAIL: CALL FOR EMAIL ADDRESS
- FAX: 316-267-8590
- MAIL:
CSFP – SENIOR COMMODITIES
P.O BOX 2756
WICHITA, KS 67201

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, and 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, audio tape, 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 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 (AD-3027) found online at: <http://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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
3. Email: program.intake@usda.gov.

OTHER HELPFUL PROGRAMS AND SERVICES

Food Assistance (SNAP): The Food Assistance Program (formerly known as the Food Stamp Program) helps people with little or no income. For those who are eligible, it provides benefits to buy nutritious food, even vegetable plants and seeds. For questions or to receive a paper application, call 1-888-369-4777. You can also apply online at www.dcf.ks.gov.

Medicaid: The Medicaid program in Kansas is called KanCare. KanCare offers health insurance coverage for children, pregnant women, families with children, elderly, and adults and children with disabilities. For questions or to receive a paper application, call 1-800-792-4884. For more information or to apply online, visit the KanCare website at www.applyforkancare.ks.gov.

Medicare Savings Program: Kansas has 3 Medicare Savings Programs (MSP). MSP are programs that help people on Medicare save money if they have limited income and resources. An MSP can pay all or part of your Medicare Part A, Part B and Part D premiums, deductibles, and co-pays. For questions or to receive a paper application, call 1-800-792-4884. For more information or to apply online, visit the KanCare website at www.applyforkancare.ks.gov.

Low Income Energy Assistance Program (LIEAP): LIEAP is a Federally funded program that helps eligible households pay a portion of their home energy costs by providing a one-time per year benefit. The LIEAP application period begins in mid November and will continue until 5 pm on the last business day of March; contact DCF for exact dates. During the application period, you can apply online www.dcf.ks.gov. For questions or to receive a paper application, call 1.888.369.4777.

Supplemental Security Income (SSI): SSI is a federal program that provides monthly payments to people who have limited income and few resources. SSI is for people who are 65 or older, or those of any age who are blind or have disabilities. For questions you can call 1-800-772-1213 or visit www.ssa.gov. To start an online application, visit www.ssa.gov/benefits/ssi. You can request an appointment with your local Social Security office to apply in person by calling 1-800-772-1213 or at www.ssa.gov/benefits/ssi/start.html.

Kansas Department for Aging and Disability Services (KDADS): KDADS administers long-term services and support programs throughout the state to assist older adults and people with disabilities. For information, call 1-800-432-3535.

Kansas Aging and Disability Resource Center (ADRC): ADRC provides information, advice, counseling and assistance; helps people to make informed decisions about their long-term services and supports; and helps people access public and private programs. The ADRC serves people with all levels of income. For more information, call 1-855-200-2372.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.



**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PARTICIPANT APPLICATION**

Is the applicant or any qualifying household member participating in CSFP at another site?
☐ YES ☐ NO
 Improper use and receipt of the 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 the CSFP.

NAME OF APPLICANT	DATE OF BIRTH
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ADDRESS	COUNTY
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CITY	STATE	ZIP CODE
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TELEPHONE NUMBER	TOTAL NUMBER LIVING IN HOUSEHOLD
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NAMES OF HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH

For additional household members, use back of form.

CHANGES MUST BE REPORTED Participants must report changes in household income or composition within 10 days after the change becomes known to the household.	Indicate the source and amount of current income before any deductions, such as taxes and social security. This amount must include income of all household members. "Other" income would include commissions, strike benefits, income from trusts, contributions from relatives, etc. If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.		
	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
	Gross Salary, Wages		
	Social Security		
	Public Assistance (Welfare)		
	Child Support (Alimony)		
	Pensions/Retirement		
	Self-Employment		
	Unemployment		
	Other Income		
Total Household Income			

RACIAL ETHNIC DATA (OPTIONAL) Mark your race? (Select one or more)					
Are you of Hispanic or Latino origin?	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
<input type="checkbox"/> YES <input type="checkbox"/> NO					

NAME OF APPLICANT**BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:**

- ✓ Standards for participation in the program are the same for everyone regardless of race, color, national origin, sex, age, and disability, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.
- ✓ You may appeal any decision made by the local agency regarding your denial or termination from the program. Local agency will provide notification of a decision to deny or terminate CSFP benefits.
- ✓ You will be given nutrition, health, and social services referral information and are encouraged to seek needed assistance.
- ✓ You must report changes in household income or composition within 10 days after the change becomes known to the household.
- ✓ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.
- ✓ I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.
- ✓ I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.
- ✓ I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. 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

SIGNATURE OF APPLICANT OR GUARDIAN**DATE****UPDATE INFORMATION, SIGN AND DATE FOR CERTIFICATION
AFTER ON WAITING LIST****DATE****FOR CERTIFYING AGENCY USE ONLY**☐ IDENTITY/AGE VERIFIED-DESCRIBE
PROOF PROVIDED☐ RESIDENCY VERIFIED-DESCRIBE PROOF
PROVIDED☐ INCOME ELIGIBLE☐ KDADS, SNAP, LIEAP INFO
GIVENAPPLICANT ELIGIBLE ☐ YES ☐ NO☐ CASELOAD AVAILABLE ☐ YES ☐ NO

WRITTEN NOTICE GIVEN

DATE OF WRITTEN NOTICE

☐ NOTICE OF CERTIFICATION STATUS ☐ NOTICE OF ADVERSE ACTION☐ ADDED TO WAIT LIST-DATE

DATE CERTIFIED

SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

PERIOD OF CERTIFICATION

BEGINNING MONTH/YEAR

ENDING MONTH/YEAR

DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)

DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)

CSFP PROXY FORM

Name of CSFP Participant

During (year)_____, I give permission for the person(s) listed as proxy to pick up my CSFP foods. I certify that this person is at least 18 years of age.

Signature of CSFP Participant

Date

Name of Proxy #1

Proxy #1 Phone Number (optional)

Name of Proxy #2 (optional)

Proxy #2 Phone Number (optional)

IMPORTANT REMINDER

The person you designate as your proxy must bring identification to pick up and sign for your CSFP food. You are responsible for informing your proxy of food distribution schedules.

A copy of this form must be placed in the participant's file.

Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, 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, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

Signature of CSFP Staff Member

Local Site Name

This institution is an equal opportunity provider.

FORMULARIO DE PROXY DE LA CSFP

Nombre del participante del CSFP

Durante (año) _____, autorizo a la(s) persona(s) indicada(s) como representante(s) a recoger mis alimentos del CSFP. Certifico que esta persona tiene al menos 18 años de edad.

Firma del participante del CSFP

Fecha

Nombre del apoderado n.º 1

Número de teléfono del proxy n.º 1 (opcional)

Nombre del proxy n.º 2 (opcional)

Número de teléfono del proxy n.º 2 (opcional)

RECORDATORIO IMPORTANTE

La persona que designe como su representante deberá presentar una identificación para recoger y firmar su pedido de alimentos del CSFP. Usted es responsable de informar a su representante sobre los horarios de distribución de alimentos.

Se deberá colocar una copia de este formulario en el expediente del participante.

Declaración de No Discriminación

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), se le prohíbe a esta entidad discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), credo religioso, discapacidad, edad, creencias políticas, o represalia o retaliación por actividades previas de derechos civiles.

Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información sobre el programa (p. ej., Braille, letra grande, cinta de audio, lenguaje de señas estadounidense, etc.) deben comunicarse con la agencia estatal o local que administra el programa o comunicarse con el USDA a través del Servicio de Retransmisión de Telecomunicaciones al 711 (voz y TTY). Además, la información del programa puede estar disponible en otros idiomas además del inglés.

Para presentar una queja por discriminación en el programa, complete el Formulario de queja por discriminación en el programa del USDA, AD-3027, que se encuentra en línea en Cómo presentar una queja por discriminación en el programa y en cualquier oficina del USDA o escriba una carta dirigida al USDA y proporcione en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe su formulario o carta completa al USDA por:

1. **Correo:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Correo electrónico:** program.intake@usda.gov.

Firma del miembro del personal del CSFP

Nombre del sitio local

Esta institución es un proveedor que brinda igualdad de oportunidades.