Selma Area Food Bank
PARTICIPANT APPLICATION

Household Information: To be completed by the applicant or authorized representative

Applicant Name (Last, First, Middle Initial):	**Phone Number**:	**Application Date**:

Street Address (Include Apt # if applicable):	**City**:	**Zip:**	**State**:	**County**:

Date of Birth (MM/DD/YY):	**Current Age**:

Household Size (Total number of household members, including applicant): _____

Total Household Gross Income (before deductions): $_____

☐ Annual ☐ Monthly ☐ Twice Per Month
☐ Every 2 Weeks ☐ Weekly ☐ No Income

CSFP Income Guidelines 2020 (130% of poverty rate)

I hereby certify that my household income is at or below the following guidelines. ☐ Yes ☐ No

Household Size	Annual Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly Income
1	$16,588	$1,383	$692	$638	$319
2	$22,412	$1,868	$934	$862	$431
3	$28,236	$2,353	$1,177	$1,086	$543
4	$34,060	$2,839	$1,420	$1,310	$655
5	$39,884	$3,324	$1,662	$1,534	$767
6	$45,708	$3,809	$1,905	$1,758	$879
7	$51,532	$4,295	$2,148	$1,982	$991
8	$57,356	$4,780	$2,390	$2,206	$1,103
For each additional HH member, add:	$5,824	$486	$243	$224	$112

Ethnic/Racial Data: For Statistical Purposes ONLY

Ethnic Category (Select one):
Are you Hispanic or Latino?
☐ Yes ☐ No

Racial Category (Select one or more):
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Prefer not to Disclose
☐ Asian
☐ White
☐ Black or African American

Proxy Information: A proxy is a person the applicant may authorize to pick up the CSFP food packages on their behalf for a specified time period. The proxy must be at least 18 years of age and must bring proof of his/her identification to pick up the CSFP food package. If you would like to designate a proxy, please complete the information below.

Name of Proxy (Must be at least 18 years of age):	**Proxy Contact Information**:

OFFICIAL USE (Local Agency Staff/Volunteers)

Eligibility Criteria: ☐ Age ☐ Income ☐ County of Residence Applicant's Identification was Confirmed ☐

Verification Source(s) for Identification, Age and County of Residence: ☐ Driver's License ☐ State-Issued ID ☐ Other _____

Document Name (If other): _____

LA Staff/Volunteer Printed Name:
_____

LA Staff/Volunteer Staff's Signature: _____ Date: _____

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OFFICAL USE (To be completed by Local Agency Staff Only)		
Status: ☐ Eligible (Active List) ☐ Eligible (Waiting List)	**Method of Notification:** ☐ Verbal ☐ Letter	**Date of Notification:**
Initial Certification Period: From _____ to _____ **If applicable: Date Certified as Active from Wait List:**	**Re-Certification Period:** 1. From _____ to _____ 2. From _____ to _____	**Re-Certification Dates of Notification** 1. _____ 2. _____
Status: ☐ Ineligible ☐ Discontinued ☐ Disqualified ☐ Terminated	**Date of Written Notification:**	
Ineligible/Discontinued/Disqualified/Terminated-Reason:		

LA Staff's Name (Print): _____ **Title:** _____

LA Staff's Signature: _____ **Determination Date:** _____

Non-Discrimination Statement: "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, audiotape, 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, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider".

Certification: 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 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

Signature of Applicant/Authorized Representative (Circle One): **Date:**