



COLORADO

Office of Economic Security

Division of Food & Energy Assistance

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) APPLICATION

The HOW TO Guide

August
2019

Before you fill out an application...

Check these first!

1. Is the applicant 60 or older?
2. Do they meet the income guidelines? Remember, the **income for all household members eating together must be included.**
 - ▣ Verify applicant's residence (ID/DL, if address is still current. Otherwise, rental agreement, utility bill, phone bill, etc.)

NOTE: Spouses cannot share an application. But if both qualify based on total household income, each one can fill out an application and receive a box.

Start the application!

***Remember, two weeks before your truck arrives is the last chance to submit new applications and recert forms to ensure signature sheets are current for the next month.**



Commodity Supplemental Food Program Application

Application Reminders:

Please fill out the application for the client. They only need to sign the application. Legibility is very important. Please make sure the app is 2 sided when sending to Care and Share.

Applicants are not allowed to pick up commodities at more than 1 site. Remind the client, when you are filling out the application, the CSFP guidelines allow for only 1 box from the same location each month. Again they can only be registered at 1 site.

Client Information

- ▣ **Name of Applicant**
- ▣ **Address, City/State/Zip Code** - *A valid mailing address is required to qualify and remain on the program. For anyone without a physical mailing address they can use a P.O. box number.*
- ▣ **County**
- ▣ **Telephone Number**

| | | |
|---|------------------|--------|
| Name of Applicant | Telephone Number | County |
| Physical Address (Street, City, Zip Code) | | |
| Mailing Address (If Different) (Street, City, Zip Code) | | |

Client Information cont.

- ▣ **Client Case Number** is no longer needed. **Please leave blank.**
- ▣ **Applicant's Date of Birth**
- ▣ **Total Number living in household** (*including applicant*)

This is the total number of household members eating together with the applicant, regardless if the applicant pays for the food, someone else pays for the food or the applicant is contributing to the purchase of the food.

| | | |
|--------------------|---------------------------|-------------------------------|
| Client Case Number | Applicant's Date of Birth | Total No. Living In Household |
| | | |

EXAMPLES OF WHAT A HOUSEHOLD IS DEFINED AS:

Example 1

The applicant lives with her son, his wife and two children. He pays for the food that she eats with his family. The total number living in the household is 5.

Example 2

The applicant lives with her son and his daughter. Her son does not work and has no income. She pays for the food for all of them. The total number living in the household is 3.

Example 3

The applicant lives with her sister. She pays for and prepares her own food and her sister pays for and prepares her own food. The total number living in the household is 1.

Example 4

The applicant lives with her son in a mini-apartment he built her in the basement. She has her own refrigerator and stove. She buys and cooks her own food. The total number living in the household is 1.

NAMES OF QUALIFYING HOUSEHOLD MEMBERS

- ▣ A QUALIFYING HOUSEHOLD MEMBER is the applicant and any person(s) living in the house who eats the same meals with the applicant and who also contributes to the monthly household income.
- ▣ Each additional **qualifying** household member's information is to be entered in the boxes (below). The applicant does not need to be listed a second time.
- ▣ Provide their Name, Age, and Birthdate. Please leave CASE NUMBER blank.
- ▣ Household members that do not contribute to the monthly income. e.g. grandchildren, are **NOT** to be listed under qualifying household member. However those individuals not contributing to the monthly income and do eat with the applicant are to be counted as part of the Total No. Living In Household.

| Names of Qualifying Household Members | Age | Date of Birth | Case Number |
|---------------------------------------|-----|---------------|-------------|
| | | | |
| | | | |
| | | | |

HOUSEHOLD INCOME

- ▣ This is the monthly GROSS income (*income before deductions*).
- ▣ This amount must include the income from all of the household members eating with the applicant.
- ▣ TANF (Welfare) include cash assistance only. SNAP (*food stamps*) benefits **are not** counted as income.

| 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 (last month's) 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. | | |
| Monthly Household Income | Monthly Amount | Monthly Amount |
| Gross Salary, Wages | | |
| Social Security | | |
| Public Assistance (Welfare) | | |
| Pensions/Retirement | | |
| Self-Employment | | |
| Unemployment | | |
| Other Income | | |
| Total Household Income | | |

CALCULATE TOTAL HOUSEHOLD INCOME

Example 1

The applicant lives with her son, his wife and two children. He pays for the food that she eats with his family. The total number living in the household is 5.

The applicant makes \$527.00/mo. SSI and her son makes \$1,200.00/mo. at his job. The total household income is \$1,727.00/mo.

Example 2

The applicant lives with her son and his daughter. Her son does not work and has no income. She pays for the food for all of them. The total number living in the household is 3.

The applicant makes \$634.00/mo. SSI and \$127.00/mo. in food stamps. The total household income is \$634.00/mo. **Because Food Stamps do not count as income**

Example 3

The applicant lives with her sister. She pays for and prepares her own food and her sister pays for and prepares her own food. The total number living in the household is 1.

The applicant makes \$721.00/mo. SSI. Her sister makes \$834.00/mo. SSI. The total household income is \$721.00/mo. Because her sisters income does not count. They do not eat together

Example 4

The applicant lives with her son in a mini-apartment he built her in the basement. She has her own refrigerator and stove. She buys and cooks her own food. The total number living in the household is 1.

The applicant makes \$534.00/mo. SSI and \$265.00/mo. from a retirement account. Her son makes \$2,455.65/mo. at his job. The total household income is \$799.00/mo. Because her sons income does not count. They do not eat together

RACIAL ETHNIC DATA

- ▣ This requested information is optional. However, if the client chooses not to self-identify by marking the box or boxes, you are to do so based on visual observation (*per CSFP Policy and Procedure Manual*)
- ▣ Has your site completed ANNUAL Civil Rights training?
Training sign-in sheet must be turned in to us yearly in May

| RACIAL ETHNIC DATA (OPTIONAL) | | | | | |
|---|-----------------------------------|-------|---------------------------|-------------------------------------|-------|
| Are you of Hispanic or Latino origin? (For statistical purposes only) | | | | YES | NO |
| What is your race? (Select one or more) | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or Pacific Islander | White |
| | | | | | |

Applicant's Signature

- ▣ Before signing, be aware of your rights and what your signature means....
 - Applicant must sign and date. A proxy cannot sign for an applicant (however a legal guardian, who is on client's Power of Attorney, can sign)
- ▣ Update Information, Sign and Date section – this is for an update to information if the applicant has been on a waiting list

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; I may not receive CSFP benefits at more than one CSFP site at the same time; and improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against me to recover the value of the benefits and may lead to disqualification from CSFP. 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 or Guardian | Date |
| Applicant Signature for Certification from Waiting List | Date |

Proxy Form

- ❑ The proxy form allows a person to pick up a box for a home-bound CSFP client. The completed form is good for 1 year from the time the client signed and dated the form (*both client and driver must sign proxy form*). Have at site to confirm signature of proxy.
- ❑ The delivery driver must either obtain a signature from the client on the signature sheet OR the client can designate the driver as his proxy so that the driver can sign for the client.
- ❑ Agency is to keep this form in records for 4 years. Do not send it to Care and Share.

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** Sample Completed Proxy*
Proxy Form

Client Name John Doe

Address 123 Main St

City and Zip Code Colorado Springs 80918

Phone Number 555-555-5555

Program: ☐ TEFAP ☒ CSFP

I hereby designate name of person who will be picking up box for client
Name of Proxy

to serve as my proxy to sign required documents, provide eligibility information, and pick up my food benefits from the following agency your agency name

For the period of 10/2016 to 10/2017
month and year month and year

Clients may designate a proxy up to one calendar year from the date of designation.

X client signs here date client signs
Client Signature Date

X person picking up box signs here date proxy signs
Proxy Signature Date

Agency Use Only
Approved by:

Site manager (you) print name here you sign here date proxy started
Print Name Signature Date

FOR CERTIFYING AGENCY USE ONLY

(This is YOU)

▣ **Verifying Applicant Information Checklist**

Identification, AGE, Place of Residence, and Household Members

Describe proof:

- What did you see to verify their identity, age, and place of residence?

Ex: CO DL, Birth Certificate, Passport, etc.

Under **List type of ID** write what you saw

I have verified the following for each applicant. Check all that apply.

☐ Identification

☐ List type of ID _____

☐ Age

☐ Place of Residence

☐ Household members

FOR CERTIFYING AGENCY USE ONLY

(This is YOU)

▣ **APPLICANT ELIGIBLE?**

- “X” for Yes because you are filling out applications only for eligible applicants

▣ **CATEGORY:**

- “X” for Elderly (Children are no longer a part of CSFP in our area of the state.)

▣ **CASELOAD AVAILABLE?**

- Always mark “X” for Yes because we have caseload (program spots) available.

| | | |
|--|---|---|
| Applicant is: | Category: | Is caseload available? |
| <input checked="" type="checkbox"/> Eligible | <input checked="" type="checkbox"/> Elderly | <input checked="" type="checkbox"/> Yes |
| <input type="checkbox"/> Not Eligible | <input type="checkbox"/> Child | <input type="checkbox"/> No |

FOR CERTIFYING AGENCY USE ONLY

(This is YOU)

- ▣ **DATE NOTICE IS PROVIDED TO THE CLIENT:**
 - This should be the same date on which they apply and that you complete their Application (*Please remember to give them a Welcome to the CSFP Program flyer – this is their “written notice”*)
- ▣ **CERTIFYING OFFICIAL SIGNATURE AND DATE:**
 - Your signature
 - This should be the same date on which they apply and the same date as the Date Written Notice Given

| | | |
|---|--------------|-------------|
| Date notice is provided to the applicant. | | |
| Certification Period: | First Month: | Last Month: |
| Certifying Official Signature and Date: | | |

FOR CERTIFYING AGENCY USE ONLY

(This is YOU)

▣ CERTIFICATION PERIOD

- This is a 12-month time frame
- It should start the month that they sign and end in the 12th month from then *(please see chart at right)*
- Example: 1st Month 1/2019
Last Month 12/2019

| | | |
|-----------------------|--------------|-------------|
| Certification Period: | First Month: | Last Month: |
|-----------------------|--------------|-------------|

| Certification Periods | |
|-----------------------|---------------------|
| Month | Month |
| App Signed | Good Through End of |
| January | December |
| February | January |
| March | February |
| April | March |
| May | April |
| June | May |
| July | June |
| August | July |
| September | August |
| October | September |
| November | October |
| December | November |

Signature Sheets Refresher

- ▣ Email/fax new applications and recerts as early as possible to ensure your signature sheets for the following month will have the most up to date information on them.
- ▣ Each name on the signature sheet gets one box. We must have a signature for each box picked up even if they are in the same household.
- ▣ Care and Share cannot receive reimbursement for boxes given to clients without a valid application and signature.

Postings Refresher

- ▣ Have you posted the “**And Justice for All**” poster where you distribute CSFP boxes?
- ▣ Is the “**CSFP Written Notice of Beneficiary Rights**” flyer posted next to the “And Justice for All” poster? (For faith-based agencies only)
- ▣ Is the non-discrimination statement on all your printed materials?
- ▣ Do you make the public aware of CSFP in at least 3 separate locations? Care and Share will supply these colored flyers to you upon request.

Records Retention

- ▣ Please keep the following records for 4 years:
Client applications, recerts, proxy forms, NOA's, and beneficiary referral request forms (if applicable). Signature sheets and monthly reports. Delivery invoices, civil rights training signature sheets, and agency agreement.

- ▣ Please **do not** make or keep any copies of documents used for verification of age or residency, nor Power of Attorneys (POA).