

# COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

SFN 62427 (6/2026)

Applicant's First Name		Last Name	
Address		City	ZIP Code
County		Telephone Number	
Date of Birth (mm/dd/yyyy)		Preferred Method Home Delivery                      Pick Up	
Ethnicity Hispanic/Latino                      Not Hispanic/Not Latino			
Race American Indian or Alaska Native      Black or African American      Native Hawaiian or Other Pacific Islander Asian                      White			
Household Members (other than self)		Date of Birth (mm/dd/yyyy)	CSFP Eligible (Yes/No)

## Household Gross Monthly Income Information:

Earned Wages	SS	SSI	Public Assistance	Self-Employment
Pension	VA	Other	<b>Total Household Size</b>	<b>Total Monthly Income</b>

## Age Verification/Attestation:

Required Identification Verified (copy of identification with case file if available):			
Drivers's License	Birth Certificate	State ID	Tribal ID
Attest applicant's age is 60 or over			

**Proxy Identification:**

The following individuals are authorized to act as my representative or take receipt of my food pack for CSFP:		
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

**Applicant's Rights and Responsibilities:**

- The local agency will provide notification of a decision to deny or terminate CSFP benefits, and of an individual's right to appeal this decision by requesting a fair hearing;
- The local agency will make nutrition education available to participants and will encourage them to participate;
- The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate;
- Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

**This must be read to or read by the applicant:**

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that it is illegal to participate in the CSFP at more than one local agency and to make false or misleading statements, misrepresent, conceal or withhold facts regarding my household income. I am also aware that as a result, I could be disqualified from the program for a period not to exceed 12 months. 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	Date (mm/dd/yyyy)
Signature of Certifier	Date (mm/dd/yyyy)

In accordance with federal civil rights law and U.S. Department of Agriculture (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 (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 (PDF), 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:

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;

fax:

202-690-7442; or

email:

Program.Intake@usda.gov.