# **Second Harvest**

# **1234 E Front Avenue Spokane, WA 99202 (509) 252-6244**

**Application for**

**COMMODITY SUPPLEMENTAL FOOD PROGRAM CERTIFICATION**

**For persons 60 Years or Older**

**Circle**: Initial Certification Recertification **SITE LOCATION**:

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|  | **A. GENERAL INFORMATION** |  |
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**RECIPENTS NAME**:

Last First MI

**DATE OF BIRTH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB DOCUMENTATION:**

**AGE:**  **SEX**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL ADDRESS**:

##### CITY, STATE, ZIP: COUNTY:

##### ADDRESS DOCUMENTATION:

**MAILING ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:**

(If Different than Physical Address)

**HOUSEHOLD MONTHLY INCOME:** \_\_\_\_\_\_\_\_\_\_\_\_**SOURCE:** \_\_\_\_\_\_\_\_ **HOUSEHOLD SIZE:** \_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELATIONSHIP**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that I have seen the following documentation in Section A.**

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| --- | --- | --- |
|  | I hereby certify that this assessment was made on the basis of information contained within the files of our agency. All eligibility criteria were applied as defined by the WA State Dept. of General Administration.  SIGNED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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|  | **B. STATUS AND FINAL DETERMINATION (Second Harvest Only)** |  |
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##### CERTIFICATION APPROVED

##### SECOND HARVEST STAFF: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **C. PARTICIPANT AGREEMENT (Agency Copy)** |  |
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* 1. I certify that the information I have provided for eligibility is correct to the best of my knowledge.
  2. The local agency will make health service and nutrition education materials/referrals available to me and I am encouraged to participate in these services – *Nutrition education materials are also located at* [*www.agr.wa.gov/foodprog*](http://www.agr.wa.gov/foodprog) *and include recipes, CSFP food fact sheets, USDA MyPlate, and links to other resources.*
  3. If participating in CSFP, I will pick up food as directed, once per month. Failure to pick up food (no show) as directed may result in being dropped from the program.
     1. First no show – If you have not picked up your CSFP food by the third week of the month, you will be contacted by phone; the CSFP food allotted to you but not picked up may be temporarily issued to clients on the waiting list.
     2. Second no show – If you have not picked up your CSFP food by the third week of the month for the second time you will be contacted by phone and/or mail informing you:
        1. That your certification period has been revised/shortened, or
        2. Your termination/disqualification notice based on your revised certification period and/or failure to pick up CSFP food for the second time.
     3. Once terminated, you will need to contact our office to make a certification appointment if you wish to request continued participation in the program; subject to availability.

**X:**

**Initials**

* 1. I understand that I must recertify once per year to verify my address and self-declare my current income.
  2. I understand that the foods provided by CSFP are intended for the participant for whom they are prescribed.
  3. I understand CSFP is a supplemental rather than a total food program
  4. I may appeal any decision by the local agency regarding my eligibility for the CSFP. Information regarding a request for a fair hearing form and the fair hearing process will be made available to me upon my request to the local agency.
  5. I will report to the local agency changes in household income or composition within ten (10) days after the change becomes known to the household.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD), USDA is an equal opportunity provider and employer.

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|  | I have been advised of my rights and obligations under the CSFP program as outlined in the Participant Agreement, a copy of which was given to me. If I am dissatisfied with any decisions made regarding the eligibility or receipt of benefits, I may request a fair hearing.  This certification form 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 certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.  Initial Certification Applicant or Responsible Party Signature Date |  |
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|  | **H. RECERTIFICATION** |  |
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The recertification process includes verification of all the information contained under General Information located at the top of the certification form. Please verify this information with our participant.

**NOTE:** If there are information changes, please use a new Certification Form to note such changes.

1st Period: Applicant Signature or Responsible Party Relationship Date

2nd Period:

Applicant Signature or Responsible Party Relationship Date

3rd Period:

Applicant Signature or Responsible Party Relationship Date

4th Period:

Applicant Signature or Responsible Party Relationship Date

5th Period:

Applicant Signature or Responsible Party Relationship Date

6th Period:

Applicant Signature or Responsible Party Relationship Date

7th Period:

Applicant Signature or Responsible Party Relationship Date

8th Period:

Applicant Signature or Responsible Party Relationship Date

9th Period:

Applicant Signature or Responsible Party Relationship Date

**Nutrition Education (Optional) – To be completed at each certification period**

Are the nutrition education materials

satisfactory? 🞏 Yes 🞏 No

If No, what suggestions do you have for

improvements?

What other types of nutrition education would be beneficial?

**Nutrition Education (Optional) – To be completed at each certification period**

Are the nutrition education materials

satisfactory? Yes No

If No, what suggestions do you have for

improvements?

What other types of nutrition education would be beneficial?

**Nutrition Education (Optional) – To be completed at each certification period**

Are the nutrition education materials

satisfactory? Yes No

If No, what suggestions do you have for

improvements?

What other types of nutrition education would be beneficial?

# **Second Harvest**

# **1234 E Front Avenue Spokane, WA 99202**

# **(509) 252-6244**

# **CommodityCoordinator@2-Harvest.org**

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|  | **I. PARTICIPANT AGREEMENT (Customer Copy)** |  |
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2. The local agency will make health service and nutrition education materials/referrals available to me and I am encouraged to participate in these services – *Nutrition education materials are also located at* [*www.agr.wa.gov/foodprog*](http://www.agr.wa.gov/foodprog) *and include recipes, CSFP food fact sheets, USDA MyPlate, and links to other resources.*
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5. I understand that the foods provided by CSFP are intended for the participant for whom they are prescribed.
6. I understand CSFP is a supplemental rather than a total food program.
7. I may appeal any decision by the local agency regarding my eligibility for the CSFP. Information regarding a request for a fair hearing form and the fair hearing process will be made available to me upon my request to the local agency.
8. I understand that improper use or receipt of CSFP benefits/food 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.
9. I will report to the local agency changes in household income or composition within ten (10) days after the change becomes known to the household.
10. I have been advised of my rights and obligations under the CSFP and have received a copy of this participant agreement.

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