

<b>NEMCSA</b> Northeast Michigan Community Service Agency, Inc. CSFP Warehouse Office Phone: (989) 358-4700 FAX: (989) 471-2700		ClientTracker ID: (Office Use Only)	11012		<b>CSFP</b> (Commodity Supplemental Food Program) Federal Program Application for Low-Income Seniors, 60 years of age or older	USDA		
<b>SENIOR APPLICANT INFORMATION</b> (Senior Client or head of household 60+ years of age.)								
Distribution Date: (MM/YY)		CTY-SITE		Pkgs. Allowed				
First Name:		Last Name:						
St. Address:		City/Zip:						
Birthdate:		Phone:						
<b>Household Information:</b>		<b>Race / Ethnicity for Applicant</b>	<input type="checkbox"/> A. WHITE		<input type="checkbox"/> B. BLACK		<input type="checkbox"/> C. ASIAN	
Number of SENIORS (60+)			<input type="checkbox"/> D. NATIVE HAWAIIAN/PACIFIC ISLANDER				Check all that apply for <b>Applicant</b> only	
Number of NON-SENIORS			<input type="checkbox"/> E. AMERICAN INDIAN/ALASKAN NATIVE					
<b>Total living in HOUSEHOLD:</b>			<b>HISPANIC/LATINO:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Other Applicant: (Spouse or Dependand)</b>		<b>Race / Ethnicity for Other Applicant if eligible</b>	<input type="checkbox"/> A. WHITE		<input type="checkbox"/> B. BLACK		<input type="checkbox"/> C. ASIAN	
Name:			<input type="checkbox"/> D. NATIVE HAWAIIAN/PACIFIC ISLANDER				Check all that apply for <b>Other Applicant</b> only	
Birthdate:			<input type="checkbox"/> E. AMERICAN INDIAN/ALASKAN NATIVE					
Age-eligible? Indicate:			<b>HISPANIC/LATINO:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>INCOME INFORMATION</b>								
(INDICATE IF: WEEKLY, BI-WEEKLY, BI-MONTHLY, MONTHLY, SEMI-ANNUAL, ANNUAL ( X 52 X 26 X 24 X 12 X 2 X 1 )								
INCOME RECIPIENT	SOURCE OF INCOME	\$ AMOUNT	X	\$ TOTAL				
<p><b>CERTIFICATION OF INFORMATION DISCLOSURE:</b> 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 mis-representation 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 in the same distribution month. Furthermore, I am aware that the information provided may be shared with other NEMCSA programs or other organizations to detect and prevent dual participation and fraud. You <u>must report</u> any changes in income or household size. Periodic recertifications will occur. <u>Proxy clause</u>: I understand that I may appoint a Proxy to collect my program benefits if I am unable to come to the distribution due to appointment conflicts, or, if I become homebound. <i>By signing you state that you have been advised of your rights and obligations under the program, and that you have received a copy of such.</i></p> <p>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.</p> <p>I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.</p> <p style="text-align: right;">Please indicate decision by placing a checkmark in the appropriate box:    <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p style="text-align: right;">Please indicate decision by placing a checkmark in the appropriate box:    <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>								
Applicant's Signature:	<b>X</b>	Date:						

Each Applicant must sign and Check Certification box.

Applicant Signature		

**USDA is an equal opportunity provider**

<b>INTAKE NOTES:</b>	
<b>Assigned Proxy(ies):</b>	

***** OFFICE USE ONLY *****	
GUIDELINE AMT. USED:	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> PENDING ADDITIONAL INFORMATION
\$ _____	DENIED: <input type="checkbox"/> OVER-INC <input type="checkbox"/> AGE <input type="checkbox"/> OTHER:(_____)
CSFP INTAKE WORKER: _____	_____
	<i>Revised 02/18</i>