

Certification and Issuance

Distribution site name:

Applicant will be informed of their eligibility or ineligibility for CSFP benefits, or placement on a waiting list, within 10 days from the date of application.			
Last name (Participant)	First name		Middle initial
Street address	City		ZIP code
Phone number	Email address		
Proxy #1: (Please print full name)	Proxy #1: Phone number		
Proxy #2: (Please print full name)	Proxy #2: Phone number		
Certification questions (If Age, Address and Adjunctively eligible or Income are "yes" applicant is qualified.)			
Age	Address	Adjunctively eligible	Income (only if not adjunctively eligible)
<input type="checkbox"/> Yes <input type="checkbox"/> No Show proof of age 60 or over , first time only.	<input type="checkbox"/> Yes <input type="checkbox"/> No Shows proof of address within service area .	<input type="checkbox"/> Yes <input type="checkbox"/> No Self declares approved participation in one of the following federal programs: <ul style="list-style-type: none"> Supplemental Nutrition Assistance Program (SNAP) known as FoodShare in Wisconsin. Food Distribution Program on Indian Reservations (FDPIR) Supplemental Security Income (SSI) Low Income Subsidy Program 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Self declares income is at or below guideline. Applicants who are adjunctively income eligible, shall not be subject to the income limits established.
Ethnicity (must check one)	Race (check all that apply)		Preferred communication preference
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email
			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____

Date certification begins		Date certification ends (3 years from date begins)	
Year 1			
Signature (CSFP staff/volunteer)	Date of issuance	Signature (CSFP staff/volunteer)	Date of issuance
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
Year 2 (Recertification) - If both answers are "yes" - certification may continue another year. If one or more "no" - follow policy to end certification.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Verbally verifies current address is within service area.		<input type="checkbox"/> Yes <input type="checkbox"/> No Declares adjunctive eligibility or income has not changed /is at or below guideline.	
Signature (CSFP staff/volunteer)	Date of issuance	Signature (CSFP staff/volunteer)	Date of issuance
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
Year 3 (Recertification) - If both answers are "yes" - certification may continue another year. If one or more "no" - follow policy to end certification.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Verbally verifies current address is within service area.		<input type="checkbox"/> Yes <input type="checkbox"/> No Declares adjunctive eligibility or income has not changed /is at or below guideline.	
Signature (CSFP staff/volunteer)	Date of issuance	Signature (CSFP staff/volunteer)	Date of issuance
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

When year 3 is complete, it is time to recertify on a new form and complete Participant Determination and Rights and Responsibilities.