

# Senior Box Program

For Individuals 60+ Years of Age



## CSFP (Commodity Supplemental Food Program)

CSFP is a supplemental program through the *Department of Agriculture* geared to improve the health of seniors (60+) by adding nutritious USDA foods to their diets free of charge to those who qualify.

### What is inside the box:

- 2 boxes of cereal
- 2 containers of juice
- 24 oz of meat, or 3 10 oz cans
- 2 cartons of UHT milk, 1 package of dry milk
- 1 bag of beans, 1 jar of peanut butter
- 8 cans of vegetables or 6 cans & 1 bag dehydrated potatoes
- 1 bag of rice or 2 lbs of pasta
- 2 cans of fruit
- 1 12 oz block of cheese
- Monthly nutritional education insert

## Mason United Methodist Church

Every month

Second Wednesday of the month 11:00-1:00

HOUSEHOLD SIZE	GROSS MONTHLY INCOME	GROSS ANNUAL INCOME
1	\$1,580.00	\$18,954.00
2	\$2,137.00	\$25,636.00
3	\$2,694.00	\$32,318.00
4	\$3,250.00	\$39,000.00
5	\$3,807.00	\$45,682.00

## West Virginia Commodity Supplemental Food Program Application

<b>Name of Applicant:</b>		<b>Male:</b>	<b>Female:</b>	
<b>Date of Birth:</b>	<b>Document Provided:</b>			
<b>Address:</b>	<b>City:</b>		<b>Zip:</b>	
<b>Phone:</b>	<b>County:</b>			
<b>Household Income:</b>	<b>\$</b>	<b>Week</b>	<b>Month</b>	<b>Year</b>
<b>Number of Persons in Household:</b>		<b>Proxy:</b>		

Data in this section is a USDA statistical requirement for the program. Responses will not affect consideration of this application.

**1. Are you Hispanic or Latino? Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**2. What is your race? (Select one or more)**

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Another Pacific Islander
- \_\_\_\_\_ White

Participants must report changes in household income or changes to the number of persons in household within 10 days after the change becomes known to the household.

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, and **I may not receive CSFP benefits at more than one CSFP site at the same time.** 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** [  ]

### **Applicants of Faith-Based Organizations**

Because this program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;

- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in our program or receive services from the program, as required by 7 CFR part 16.

**USDA Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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:

- (1) Mail: U.S. Department of Agriculture
- (2) Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (3) fax: (202) 690-7442; or
- (4) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**GIVE THE COMPLETED FORM TO THE SITE LOCATION, WHERE YOU WILL BE PICKING UP YOUR BOX.**

**X** \_\_\_\_\_  
Signature of Applicant Date

**X** \_\_\_\_\_  
Signature of Approving Staff Date

Date of Approval: \_\_\_\_\_ Date Notification of Ineligibility: \_\_\_\_\_ Date Sent: \_\_\_\_\_

**Site Location:** \_\_\_\_\_

**Fax to: Tanya McComas (304) 523-6086**