

Please fill out page 5 and 6 only, everything else is for office use only.



## Commodity Supplemental Food Program (CSFP) in Oklahoma

### 2024 Income Eligibility Guidelines

Based on 130% of Federal Poverty Income Guidelines

60 years of age or older

Household Size	Annual	Monthly	Weekly
1	\$19,578	\$1,632	\$377
2	\$26,572	\$2,215	\$511
3	\$33,566	\$2,798	\$646
4	\$40,560	\$3,380	\$780
5	\$47,554	\$3,963	\$915
6	\$54,548	\$4,546	\$1,049
7	\$61,542	\$5,129	\$1,184
8	\$68,536	\$5,712	\$1,318
For each add'l family member add	\$6,994	\$583	\$135

Revised January 2023

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



# Notification of Denial or Discontinuance

## Oklahoma Commodity Supplemental Food Program (CSFP)

Date \_\_\_\_\_

Dear \_\_\_\_\_:

**This notice is to inform you that you do not qualify for CSFP because:**

\_\_\_\_\_ Your income is too high to meet the federal CSFP income limits.

\_\_\_\_\_ You must be 60 years of age or older to qualify for Oklahoma CSFP.

\_\_\_\_\_ You do not live in the agency's service area.

**OR**

**This notice is to inform you that your participation in CSFP is being discontinued because:**

\_\_\_\_\_ You no longer meet the approved eligibility standards or your income is too high to meet the federal CSFP income limits.

\_\_\_\_\_ Intentionally making false or misleading statements to obtain CSFP commodities

\_\_\_\_\_ Intentionally withholding information to obtain CSFP commodities

\_\_\_\_\_ Selling CSFP commodities, or exchanging them for non-food items

\_\_\_\_\_ Receiving CSFP benefits from more than one CSFP site (dual participation)

\_\_\_\_\_ Physical and verbal abuse or threat of physical abuse of CSFP staff or representative or other clients

\_\_\_\_\_ You no longer live in the agency's service area, or you have moved into an institution

\_\_\_\_\_ Overdue for certification or you have failed to pick up your CSFP box for two consecutive months.

\_\_\_\_\_ You have requested to be removed from the program



\_\_\_\_\_ Participant is deceased  
\_\_\_\_\_ Reduced caseload or program termination

**The effective date of discontinuance will be \_\_\_\_\_.**

You have the right to a further explanation of your denial. You also have the right to request a fair hearing within 60 days of the date on this notice. To request a fair hearing

Write to: Commodity Supplemental Food Program  
Regional Food Bank of Oklahoma  
PO Box 270968  
Oklahoma City, OK 73137

\_\_\_\_\_  
CSFP Program Representative Signature

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<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

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mail:

U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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## COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

Name		Date of Birth	
Sex: _____ Male _____ Female		Age:	
Residence Address		City	Zip
Mailing Address		City	Zip
Home Phone #		County of Residence	
Phone number of a person who can take messages for me			
Ethnic and Racial Identities			
Choose one ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino		Choose one or more (regardless of ethnicity): _____ Asian _____ Black or African American _____ White _____ American Indian or Alaska Native _____ Native Hawaiian _____ or other Pacific Islander	
1. How many people live in your household?			
2. What is the <b>total gross monthly income</b> for your household?			
If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me:			
1. _____		2. _____	
<b><u>The following information must be read by or to the applicant before signature</u></b>			
<p>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 to 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.</p> <p>I authorize the release of information 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.)</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>			
Signature of applicant:			
Date:		Witness, if applicant signs by Mark:	

### TO BE COMPLETED BY CSFP STAFF

Agency Number:	Type of ID:	Date Received
Agency Name:	County:	



**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
OKLAHOMA APPLICATION FOR SENIORS  
(must be read by or to the applicant before signature):**

- 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.
- Improper use or receipt of CSFP benefits 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.
- I understand that the food packages provided by this program are solely intended for my consumption as a participant in the program. I understand that selling CSFP commodities or exchanging them for non-food items could result in my termination from the program. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against me to recover the value of the benefits.
- I understand that I am only allowed to obtain one food package per month. I am aware that if I fail to obtain a food package during two consecutive months, my participation in the program can be terminated.
- I may appeal any decision made regarding termination from the program, and I may submit a request for a fair hearing to the Regional Food Bank of Oklahoma.
- Nutrition education will be made available to me and I am encouraged to participate in these services. The CSFP site will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
- I understand that I must report changes in household income or composition within 10 days after the change.
- 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.
- 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

• 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.

Signature of applicant:	
Date:	Witness, if applicant signs by Mark:

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## COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

### TO BE COMPLETED BY CSFP STAFF CSFP CERTIFICATION or DENIAL Elderly Applicant

1. This applicant is 60 years old or older? (check date of birth)	_____ YES _____ NO
2. Household income is at or below 130% of poverty (see income chart) for size of household.	_____ YES _____ NO

_____ Denied. Question 1 or 2 answered NO. <b>Issue Denial Notice</b>	
_____ Certified. All questions answered YES. <b>Issue Certification/ Wait List Notice</b>	

Signature of Person Determining Eligibility
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Title	Date
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CSFP Site
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### DISTRIBUTION RECORD

Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date.

Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified; and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After two years, the participant must fill out a new application.

You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

MONTHS CERTIFIED	ISSUANCE DATE	CLIENT SIGNATURE FOR FOOD
1 January		
2 February		
3 March		
4 April		
5 May		
6 June		
7 July		
8 August		
9 September		
10 October		
11 November		
12 December		

**Verbal Recertify and continue on to the 2<sup>nd</sup> year on the back**



**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
OKLAHOMA APPLICATION FOR SENIORS**

*TO BE COMPLETED BY CSFP STAFF*  
**CSFP VERBAL RECERTIFICATION**  
**Elderly Applicant**

When verbally recertifying, ask the following questions to each participant and make any appropriate changes.

1. Is this still your correct address?	2. Is this still your correct phone number?
3. Is this still your correct monthly income?	4. Are the people you have listed as your Proxies, still correct?
Signature of Person Recertifying Participant	
Title	Date of Recertification
CSFP Site	

**DISTRIBUTION RECORD**

Please use this table to record dates the participant receives a food box.

If a participant fails to pick up a box for that month, please write "NO SHOW" in the signature line. If a participant misses two months in a row it will result in termination from the program. Participants must be notified by writing within 15 days of the effective date.

MONTHS CERTIFIED	ISSUANCE DATE	CLIENT SIGNATURE FOR FOOD
1 January		
2 February		
3 March		
4 April		
5 May		
6 June		
7 July		
8 August		
9 September		
10 October		
11 November		
12 December		