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	Date of birth
Street address	City	County	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)
☐ Yes ☐ No Show proof of **age 60 or over**, first time only.	☐ Yes ☐ No Shows proof of **address within service area.**	☐ Yes ☐ No Self declares approved participation in one of the following federal programs: • 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	☐ Yes ☐ No ☐ 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**	**Spoken language**
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White	☐ Phone call ☐ Text ☐ Email	☐ English ☐ Spanish ☐ Hmong ☐ 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.			
☐ Yes ☐ No Verbally verifies current **address is within service area.**		☐ Yes ☐ 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.			
☐ Yes ☐ No Verbally verifies current **address is within service area.**		☐ Yes ☐ 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.