

LOUISIANA COMMODITY SUPPLEMENTAL FOOD PROGRAM PARTICIPANT CERTIFICATION

Computer ID# \_\_\_\_\_ Parish: \_\_\_\_\_ Pickup Site Grp. \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Gender (sex) \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_ Inc. Type \_\_\_\_\_ Fixed \_\_\_Y \_\_\_N Household # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Ethnicity (choose yes or no)**

Hispanic/Latino Yes  No

**Race (you may choose more than one)**

American Indian or Alaska Native  Native Hawaiian or other Pacific Islander   
Asian  White or Caucasian   
Black or African American

Alternates \_\_\_\_\_

Certifying Clerk \_\_\_\_\_ Participant ID Type \_\_\_\_\_

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 [ ]

I certify that I have received my food package less refusals.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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