

# CSFP Training

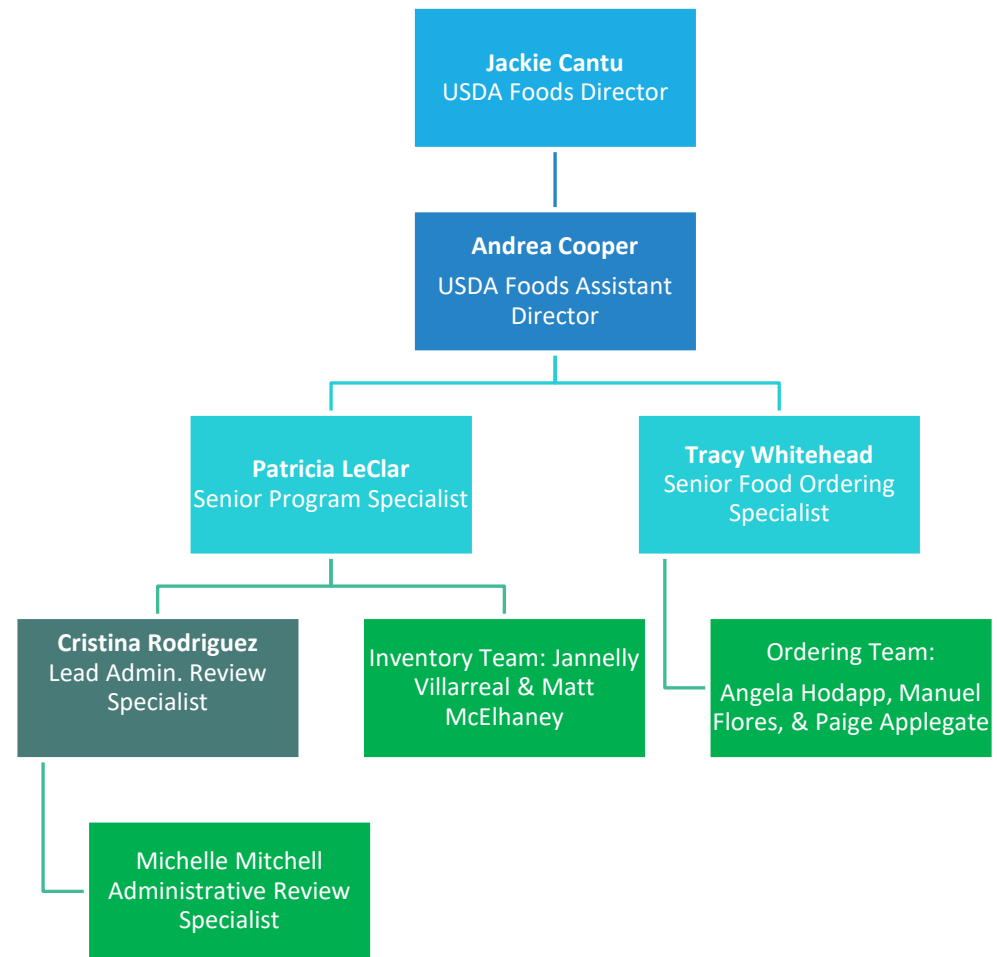
## Module 2: Eligibility & Intake Process

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TEXAS DEPARTMENT OF AGRICULTURE



# Introduction: USDA Foods Team



# Outline

I. Caseload

II. Eligibility

III. CSFP Participant Application

IV. Certification Periods

V. Notifications

VI. Other



# I. Caseload



# 01

The number of seniors the State agency may serve on an average monthly basis over the course of the caseload cycle.

# 02

The State agency allocates caseload to each CE annually.

# 03

**CEs may certify participants as eligible, up to their caseload allotment.**

## Caseload



# II. Eligibility



# Eligibility: Criteria

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## Age:

- Seniors 60 years of age and older

## Income:

- Based on 130% Federal Poverty Guidelines per Household member

## Residency

- Must reside within the CE's designated service area (zip code, county, neighborhoods)

## Proof

- Identification

## No Proof

- Does not require proof of income or residency
- "You may request, but not require"



# Eligibility

## Eligible

- CE has caseload
- Applicant meets eligibility criteria
- Receives a certification period not to exceed 3 years & receives CSFP benefits

## Eligible and on Waitlist

- **CE does not have available caseload**
- Applicant meets eligible CSFP criteria
- Does not receive a certification period, but **is placed on waitlist**

## Ineligible

- Does not meet eligibility criteria (Age, income, and/or residency)
- Does not receive CSFP benefits





# III. Participant Application





The application and intake process must be conducted in a space that provides confidentiality.



All information provided during the application process (paper and/or electronic) must be protected and kept safe from theft/misuse.



The CE must maintain written standard operating procedures for the application process (i.e., “intake/eligibility process”)

# CSFP Participant Application



The CE will complete a CSFP participant application per each eligible participant that is interested in applying for the CSFP benefits.

May Utilize TDA's CSFP Participant Application H1504, found on SquareMeals.

CEs may create their own CSFP application, must meet minimum federal guidelines.

May utilize an electronic application (Link2Feed, Oasis), must meet minimum federal guidelines.

# CSFP Participant Application



# CSFP Participant Application

To apply for CSFP benefits, the applicant or caretaker of the applicant must provide the following information on the application (Name, DOB, Income, Address, household size)

The CE should only certify applicants up to their allotted caseload.

Requires Participant or Proxy Signature

Ensure the CE/partner agency completes filling out the application.

Texas Department of Agriculture	Commodity Supplemental Food Program	Form H1504 October 2023
<b>Participant Application</b>		
Print pages 1 - 2 for Certification		
<b>Household Information</b>		
Name of applicant/Nombre del solicitante	Address/Dirección	Date/Fecha
Date of birth/La fecha de nacimiento	Phone number/Número de teléfono	Site name/Nombre del sitio
Name of proxy/Nombre del proxy	Phone number/Número de teléfono	Dates of proxy/Fechas de proxy
<b>Income Information</b>		
Total gross income (before deductions) of all household members. SNAP benefits do not count as income. Ingreso brutos total (antes de deducciones) de todos los miembros del hogar. Beneficios de SNAP no cuentan como ingreso.		
\$ _____ Weekly/Semanal	\$ _____ Monthly/Mensual	\$ _____ Yearly/Anual
_____ Number of household members/Número de miembros del hogar		
<b>Eligibility</b>		
_____ Eligible/Eligible Applicant is eligible when they meet income, residency, and age requirements./El solicitante es elegible cuando cumple con los requisitos de ingresos, residencia, y edad.		
Dates of certification/Fechas de la certificación: from/de _____ to/a _____		
_____ Eligible and on waitlist/Eligible y en la lista de espera		
_____ Ineligible/Inelegible I have been advised in writing that I am ineligible to participate in the CSFP and have the right to a fair hearing. I am ineligible to participate based on the following criteria:/He sido informado por escrito que soy inelegible para participar en el programa de comida suplemental y tengo derecho a una audiencia imparcial. Soy inelegible para participar en base a los siguientes criterios:		
_____ Income/Los ingresos	_____ Residency/La residencia	_____ Age/La edad

**Ethnicity and Race**

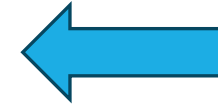
**Ethnicity** (select one category)/Origen étnico (seleccione una categoría)  
**Hispanic or Latino**/Hispano o Latino \_\_\_\_\_ **Not Hispanic or Latino**/No hispano o Latino \_\_\_\_\_

**Race** (select one or more categories)/Raza (seleccione una o más categorías)  
 \_\_\_\_\_ **Black or African American**/Negro o afroamericano  
 \_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**/Nativo de Hawai o de otra isla del Pacífico  
 \_\_\_\_\_ **American Indian or Alaskan Native**/Indio americano o nativo de Alaska  
 \_\_\_\_\_ **Asian**/asiático  
 \_\_\_\_\_ **White**/el blanco

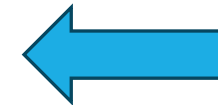
**Certification Statement**  
 This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive 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 a decision by placing a checkmark in the appropriate box.) Yes \_\_\_\_ No \_\_\_\_

I have received notice of my *Participant Rights and Responsibilities* (Form1516). Yes \_\_\_\_



Data for the annual FNS 191\*; do not alter the options.



CE's must provide each eligible participant a 'Participant Rights and Responsibilities' Form & Read the certification statement.



Signatures are required by the applicant/proxy and CE/partner agency.

**Signatures**

<b>Applicant or Proxy's Signature</b> /Firma del participante o representante	<b>CE or Site's Signature</b> /CE o firma del sitio

# CSFP Participant Application



# CSFP Participant Application


CEs or sites must provide *Participant Rights and Responsibilities* (Form H1516) at application, at denial of certification, and at termination.

The form gives brief instructions about how to request a fair hearing, as well as information about other rights and responsibilities of participants.

## CSFP Participant Rights and Responsibilities Form: Revised October 2023

Texas Department of Agriculture	Commodity Supplemental Food Program <b>Participant Rights and Responsibilities</b>	Form H1516 Revised October 2023
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1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
2. CSFP benefits are provided in connection with the receipt of federal assistance. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under state and federal law.
3. I may appeal any decision made by the food pantry or food bank regarding my eligibility for CSFP. A request for a fair hearing can be submitted to the food pantry or to the food bank by telling them I want to appeal.
4. Health services referrals and nutrition education will be made available to me and I am encouraged to participate in these services.
5. I understand that participating at more than one CSFP site at the same time is not allowed and might lead to disqualification from CSFP.
6. I understand that I must report changes in household income, or changes in the composition of the household, within ten days.
7. If approved for participation in CSFP, consecutive failure to pick up food as directed may result in being dropped from CSFP with 15 days' written notice.
8. I understand that if I choose to send a proxy (an alternate person) to pick up my food, the proxy must 1) be listed as a proxy on my Participant Application or in my file, 2) present my appointment card, if requested, 3) provide his or her identification, and 4) sign for the food package.
9. I understand that the food provided by CSFP is intended for the participants for whom they are supplied.
10. I consent to the release of information to the following: 1) CSFP staff 2) another CFSP agency, if I wish to transfer; 3) other health or welfare programs, to prevent dual participation; 4) USDA; 5) TDA; 6) the food pantry; or 7) the food bank.
11. I have been advised of my rights and obligations under CSFP.
12. I understand that I must not sell nor exchange USDA Foods for nonfood items.
13. I understand that physical abuse, or the threat of physical abuse, of CSFP staff is a program violation. My participation in CSFP may be terminated for this and for other program violations.



# IV. Certification Periods



# Certification Periods

## Certification Period- Eligible

- Period during which a CSFP participant may continue to receive benefits under CSFP without a formal review of eligibility.

## Annual Validation- Eligible

- For CSFP participants that have a 3-year certification period. Annually, CEs administering CSFP must verify 3 conditions from the participant.

## Transfer of Certification-Eligible

- Occasionally, a CSFP participant must transfer from one CE or site to another, either within or outside of the jurisdiction of TDA. The participant's certification remains valid until the certification period expires.

## Temporary Certification- Eligible & Waitlisted

- An eligible CSFP applicant, including individuals on waiting lists, may be provided with a temporary monthly certification to fill any caseload slot resulting from nonparticipation by certified participants.





# Certification Periods

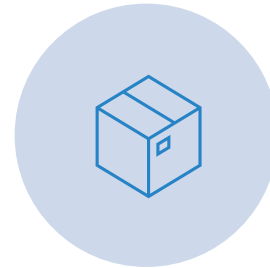
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**APPLICANT MEETS CSFP  
ELIGIBILITY CRITERIA + CE HAS  
CASELOAD**



**INITIAL CERTIFICATION-  
NOT TO EXCEED 3 YEARS**



**BEGINS THE FIRST OF THE  
MONTH THE PARTICIPANT  
RECEIVES BENEFITS**



**EXTENDS TO THE FINAL DAY OF  
THE MONTH THE CERTIFICATION  
PERIOD EXPIRES**



# Certification Period Example

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Cristina completes the H1504, Participant Application on 10/27/23 and is deemed eligible



**Cristina's certification period is from 10/1/2023 to 10/31/2026**



# Certification Periods

Only when caseload is available + applicant meets eligibility criteria.

Eligibility		
<input checked="" type="checkbox"/>	<b>Eligible/Eligible</b>	Applicant is eligible when they meet income, residency, and age requirements./El solicitante es elegible cuando cumple con los requisitos de ingresos, residencia, y edad. Dates of certification/Fechas de la certificación: from/de <b>10/1/2023</b> to/a <b>10/31/2026</b>
<input type="checkbox"/>	<b>Eligible and on waitlist/Eligible y en la lista de espera</b>	
<input type="checkbox"/>	<b>Ineligible/Inelegible</b>	I have been advised in writing that I am ineligible to participate in the CSFP and have the right to a fair hearing. I am ineligible to participate based on the following criteria:/He sido informado por escrito que soy inelegible para participar en el programa de comida suplemental y tengo derecho a una audiencia imparcial. Soy inelegible para participar en base a los siguientes criterios: <input type="checkbox"/> Income/Los ingresos <input type="checkbox"/> Residency/La residencia <input type="checkbox"/> Age/La edad



# Certification Period Example

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Cristina completes the H1504, Participant Application on 10/27/23, but is placed on a waitlist due to the CE not having caseload.



Cristina receives a phone call from the CE that caseload is now available, and status is changed from waitlist to eligible.



Cristina goes to the CSFP Site & receives a box November 20, 2023



**Cristina's certification period is from 11/1/2023 to 11/30/2026**



# Certification Periods

Only when caseload is available + applicant meets eligibility criteria.

Eligibility	
<input checked="" type="checkbox"/>	<b>Eligible/Eligible</b> Applicant is eligible when they meet income, residency, and age requirements./El solicitante es elegible cuando cumple con los requisitos de ingresos, residencia, y edad. Dates of certification/Fechas de la certificación: from/de <b>11/1/2023</b> to/a <b>11/30/2026</b>
<input checked="" type="checkbox"/>	<b>Eligible and on waitlist/Eligible y en la lista de espera</b>
<input type="checkbox"/>	<b>Ineligible/Inelegible</b> I have been advised in writing that I am ineligible to participate in the CSFP and have the right to a fair hearing. I am ineligible to participate based on the following criteria:/He sido informado por escrito que soy inelegible para participar en el programa de comida suplemental y tengo derecho a una audiencia imparcial. Soy inelegible para participar en base a los siguientes criterios: _____ Income/Los ingresos                      _____ Residency/La residencia                      _____ Age/La edad



# Certification Periods: Annual Validation

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01

On an annual basis, the CE must verify each participant's continued eligibility (within their 3-year certification period).

02

The CE may use any method of its choice to conduct the annual validations (over the phone, in person). The CE must maintain documentation.

03

The CE may utilize the CSFP Participant Application H1504, page 3 to conduct annual validations.



# Certification Periods: Annual Validation

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The CE must verify that the following conditions are met:

The participant's address remains the same.

The participant still wants to receive CSFP benefits.

The CE has sufficient reason to believe that the participant still meets income eligibility standards.



Certification  
Periods: Annual  
Validation

If the participant's 3 conditions  
are met during the annual  
validation:



No changes to the  
participant's certification  
period/application.





Certification  
Periods: Annual  
Validation

If any of the three conditions are not met:

the CE must conduct a formal review/Complete a new Participant Application Form

If the participant does not meet eligibility criteria. The participant gets discontinued from the program within their certification period.\*



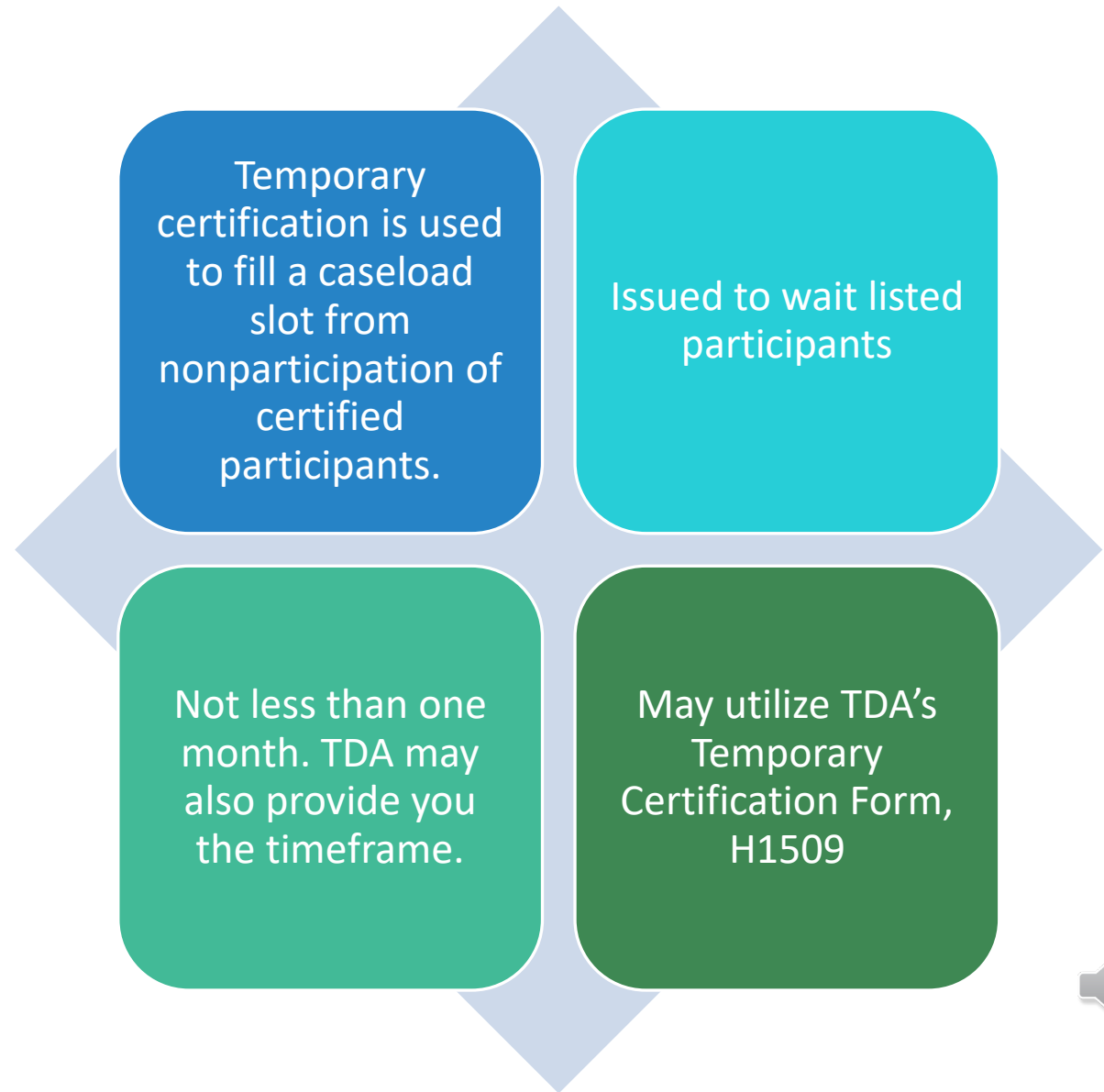
# Certification Periods: Annual Validation

Print page 3 only as necessary for **annual validation**.

Participant's Name and Signature/Nombre y firma del participante	
Proxy's Name and Signature/Nombre y firma del representante	
Eligibility Specialist's Name and Signature/Nombre y firma del especialista de elegibilidad	Date/Fecha
1. Has your address changed?/¿Ha cambiado su dirección? Yes/Sí _____ No _____	
2. Do you still want to receive CSFP benefits?/ ¿Desea continuar recibiendo beneficios de CSFP (alimentos de USDA)? Yes/Sí _____ No _____	
3. Does the CE or site believe that the participant still has an income that meets eligibility requirements? / ¿El CE o el sitio creen que el participante todavía tiene un ingreso que cumple con los requisitos de elegibilidad? Yes/Sí _____ No _____	
4. Dates of annual validation / Fechas de validación anual _____ to /a _____	



# Certification Periods: Temporary Certification



# Certification Periods: Temporary Certification

**The CE must clarify to the participant that benefits are temporary and of the following:**

Once temporary certification ends, the recipient may receive a temporary certification extension,



Be certified for a period not to exceed three (3) years, or



Be placed back on the waitlist.



# CSFP Temporary Certification Form, H1509

Texas Department of  
Agriculture

**Form H1509**  
Revised July 2022

## Commodity Supplemental Food Program Temporary Certification

You have been certified to receive food through the Commodity Supplemental Food Program on a temporary basis.

### Participant Information

Name	Signature	Date	
Address		Area Code and phone number	ZIP code

### Certification Dates

Your certification begins on \_\_\_\_\_  
Date

and ends on \_\_\_\_\_  
Date

At that time, you might 1) receive a temporary certification extension, 2) be certified for a period not to exceed three (3) years, or 3) be placed back on the wait list.

*If you disagree with this determination, you have the right to an appeal.  
Inform the food bank or site that you want to appeal.*

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.





CSFP participant may transfer from one CE or site to another within Texas or to another state.



Participant's certification period stays valid until the certification expires



CEs/Sites must serve transferring participants through the end of their current certification



CE completes the Participant Transfer form, found on SquareMeals.

# Certification Periods: Transfer of Certification



# CSFP Participant Transfer Form

Texas Department of Agriculture		July 2022
<b>Commodity Supplemental Food Program Participant Transfer Form</b>		
This participant is currently certified to receive Commodity Supplemental Food Program benefits.		
<b>Participant's Information</b>		
Name	Signature	Date
█		█
Address		
█		
<b>Certification Verification</b>		
Certification period began on	█	Date
and expires on	█	Date
<p>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.</p> <p>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</p>		



# V. Notifications







# Notifications

During the application/eligibility process.

Discontinuance, termination

Certification expirations

Other



# Notifications: Eligibility

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7CFR 247.15

Within 10 days from date of application/applying for the CSFP.

Must include information on the time, location, and means of food distribution, and the length of the certification period (cannot exceed 3 years).



7 CFR 247.15(a) & 7 CFR 247.11

Applicants must be notified of their placement on a waiting list within 10 days of their request for benefits.

Include the applicant's name, address/telephone number, and date the applicant is placed on the waitlist. This information is necessary to allow the CE to contact the applicant when caseload becomes available.

May utilize a first-come, first-served basis by date applicants applied.

# Notifications: Eligible & Wait List



*\* Note: The CE or site must perform a full certification for applicant(s) who have remained on the waitlist for greater than six months, before providing that individual with benefits*

Waitlist Details	
<i>When the applicant remains on the waitlist fewer than six months, the Eligibility Specialist must . . .</i>	Confirm the following information: <ul style="list-style-type: none"> <li>• Has your address changed?</li> <li>• Do you still want to receive CSFP benefits?</li> <li>• Does the CE or site believe that the participant still has an income that meets eligibility requirements?</li> </ul>
<i>When an applicant remains on the waitlist longer than six months, the Eligibility Specialist must . . .</i>	. . . Perform a full certification before providing the applicant benefits.
<i>When a participant transfers to a CE's service area that doesn't have a caseload slot, the participant. . .</i>	. . . Must be served even if caseload is temporarily exceeded <sup>12</sup>

# Notifications: Eligible & Wait List



## Notifications: Ineligible

**7CFR 247.15**

**Must be in writing**, reason the applicant is not eligible, statement of the individual's right to a fair hearing to appeal the decision, and the nondiscrimination statement.

Within 10 days from date of application

May utilize TDA's Application Notification, H1515



## TDA's Application Notification, H1515

Notifications:  
Ineligible,  
discontinued,  
terminated

Texas Department of Agriculture		Form H1515 July 2022	
<b>Commodity Supplemental Food Program (CSFP) Application Notification</b>			
Participant: [REDACTED]		Date: [REDACTED]	
Address: [REDACTED]		State: [REDACTED]	ZIP Code: [REDACTED]

Your application to receive food through the CSFP has been: denied [REDACTED] terminated [REDACTED] for one of the following reasons:

- You are not age 60 or over (elderly)
- You already receive benefits through the Commodity Supplemental Food Program (CSFP) in another location
- Your monthly income exceeds the guidelines allowable for your household size
- You do not reside within this Service Area

If you disagree with this determination, you have the right to a fair hearing. You must contact:

[REDACTED]
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Contracting Entity Name and Contact Information



During the participant's certification period, the following notifications must be provided:



The CE and/or site must notify the participant of their certification period expiring



If a participant is deemed ineligible during their certification period, the CE/site must discontinue the participant and provide written notification



Dual Participation is not allowed

Notifications (continued)



# Notification: Certification Expiration



7 CFR 247.16 (d)



CEs must notify participants in writing of their certification period expiring. It must include that program standards are applied without discrimination (NDS).



At least 15 days before the certification expires



CEs may utilize TDA's form, Certification Expiration Notice, H1507





TDA's Certification Expiration Notice, Form H1507

Texas Department of  
Agriculture

Form H1507  
July 2022

Commodity Supplemental Food Program (CSFP)  
**Certification Expiration Notice**

Participant:	Date of notification:	
Address:	State:	ZIP Code:

Your Commodity Supplemental Food Program (CSFP) benefits will expire on .

If you are interested in reapplying to participate in CSFP, you must contact us at:

**Contracting Entity Name and Contact Information**

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.



Notification:  
Certification  
Expiration

# Notification: Discontinuance



7 CFR 247.17



A participant becomes ineligible during their certification period (annual validation conditions not met), a participant misses (2) consecutive distributions, insufficient caseload slots, a participant is found to be committing dual participation at more than one CSFP site.



Written Notification at least 15 days before the discontinuance becomes effective.



Written Notification must include: the effective date of discontinuance, a statement of the individual's right to appeal the discontinuance, & the NDS.



# Notification: Discontinuance



The CE may utilize TDA's Application Notification, Form 1515



Exception: If a participant is discontinued due to missing (2) distributions, the CE may utilize the CSFP Missed Distribution Notice.\*



## TDA's Application Notification, H1515

Notifications:  
Ineligible,  
discontinued,  
terminated

Texas Department of Agriculture		Form H1515 July 2022	
<b>Commodity Supplemental Food Program (CSFP) Application Notification</b>			
Participant: [REDACTED]		Date: [REDACTED]	
Address: [REDACTED]		State: [REDACTED]	ZIP Code: [REDACTED]

Your application to receive food through the CSFP has been: denied [REDACTED] terminated [REDACTED] for one of the following reasons:

- You are not age 60 or over (elderly)
- You already receive benefits through the Commodity Supplemental Food Program (CSFP) in another location
- Your monthly income exceeds the guidelines allowable for your household size
- You do not reside within this Service Area

If you disagree with this determination, you have the right to a fair hearing. You must contact:

[REDACTED]
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Contracting Entity Name and Contact Information



## TDA's Missed Distribution Poster

# Notifications: Discontinuance

**If you miss two distributions in a row,  
your participation will be discontinued.**

Effective at the end of the month of your second missed distribution.

*Examples: You miss your distributions on March 5 and April 5. Your participation will be discontinued at the end of April.  
You miss your distributions on July 30 and August 30. Your participation will be discontinued at the end of August.*

**If you wish to continue receiving CSFP packages, talk with your food bank or food pantry.**

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



# Notification: Dual Participation



Dual participation means participation by an individual in CSFP at more than one distribution site.



CEs and sites must protect against dual participation.



Participants found dually participating may be discontinued from the CSFP.



CEs may utilize TDA's Application Notification H1515



## TDA's Application Notification, H1515

Notifications:  
Ineligible,  
discontinued,  
terminated

Texas Department of Agriculture		Form H1515 July 2022	
<b>Commodity Supplemental Food Program (CSFP) Application Notification</b>			
Participant: [REDACTED]		Date: [REDACTED]	
Address: [REDACTED]		State: [REDACTED]	ZIP Code: [REDACTED]

Your application to receive food through the CSFP has been: denied [REDACTED] terminated [REDACTED] for one of the following reasons:

- You are not age 60 or over (elderly)
- You already receive benefits through the Commodity Supplemental Food Program (CSFP) in another location
- Your monthly income exceeds the guidelines allowable for your household size
- You do not reside within this Service Area

If you disagree with this determination, you have the right to a fair hearing. You must contact:

[REDACTED]
------------

Contracting Entity Name and Contact Information



## Other: Tracking and Reporting

### The Collection of Racial and Ethnic Data -FNS 191

CEs must determine the number of actual beneficiaries by ethnic and racial category from participants applying for and/or participating in the CSFP on an annual basis. CEs must collect data using the *Participant Application* (Form H1504) or similar application form for each participant at the time of certification or recertification.

Participants must be given the opportunity to self-identify their ethnicity and race.





### Ethnicity and Race

**Ethnicity** (select one category)/Origen étnico (seleccione una categoría)

**Hispanic or Latino**/Hispano o Latino \_\_\_\_\_  **Not Hispanic or Latino**/No hispano o Latino \_\_\_\_\_

**Race** (select one or more categories)/Raza (seleccione una o más categorías)

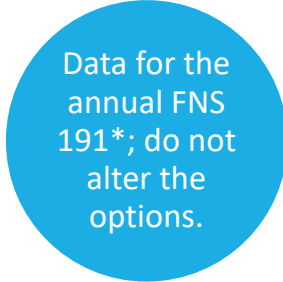
- Black or African American**/Negro o afroamericano
- Native Hawaiian or Other Pacific Islander**/Nativo de Hawai o de otra isla del Pacifico
- American Indian or Alaskan Native**/Indio americano o nativo de Alaska
- Asian**/asiático
- White**/el blanco

### Certification Statement

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 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.

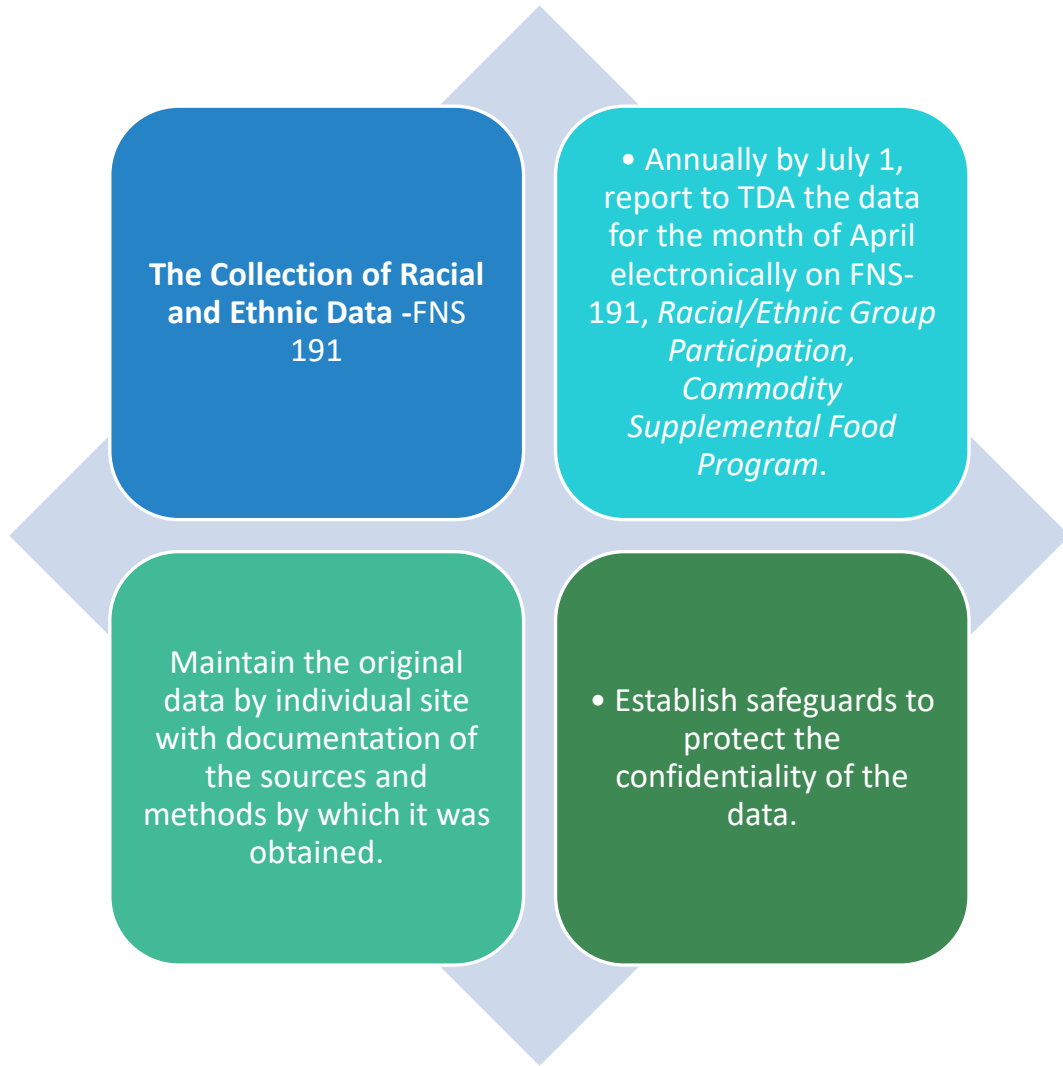
I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.  
(Please indicate a decision by placing a checkmark in the appropriate box.) Yes  No

I have received notice of my *Participant Rights and Responsibilities* (Form 1516). Yes



Data for the annual FNS 191\*; do not alter the options.





# Other: Tracking and Reporting



# The Collection of Racial and Ethnic Data -FNS 191

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**RACIAL/ETHNIC GROUP PARTICIPATION  
COMMODITY SUPPLEMENTAL FOOD PROGRAM**

*FNS INSTRUCTION 113-1*

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1. STATE  2. STATE #  L/A #  NO. OF SITES

3. REPORTING LOCAL AGENCY NAME

ADDRESS

CITY

STATE  ZIP CODE

TELEPHONE NUMBER

---

4. REPORTING YEAR: APRIL

---

PARTICIPANTS FOR THE MONTH OF APRIL		COLUMN A	COLUMN B
		TOTAL NUMBER OF PARTICIPANTS BY RACE	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE
PARTICIPANTS WHO MARKED ONLY ONE RACE	5. AMERICAN INDIAN OR ALASKA NATIVE	<input type="text"/>	<input type="text"/>
	6. ASIAN	<input type="text"/>	<input type="text"/>
	7. BLACK OR AFRICAN AMERICAN	<input type="text"/>	<input type="text"/>
	8. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="text"/>	<input type="text"/>
	9. WHITE	<input type="text"/>	<input type="text"/>
PARTICIPANTS WHO MARKED TWO RACES	10. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE	<input type="text"/>	<input type="text"/>
	11. ASIAN AND WHITE	<input type="text"/>	<input type="text"/>



## Other: Tracking and Reporting

### The Proxy

A person designated by a participant, or by the caretaker of the participant, to act for the participant as necessary throughout every process of CSFP. A proxy must provide proof of identification before picking up a food package.

CE's must collect the participant's name, name of site, authorization, including proxy name, participant's signature, and duration of the proxy

The CE may utilize the CSFP Participant Application, H1504 or TDA's Proxy Form, found on Square Meals.




## Other: Tracking and Reporting

### The Proxy

```
graph TD; A[The Proxy] --> B[There are two ways to change a proxy: In a written statement, signed by the participant, or In-person at the CE or site, where proxy changes are noted and maintained in the participant file]; B --> C[Multiple Proxies. A participant may designate as many proxies as necessary to ensure that the food package is picked up. Likewise, a single proxy can be designated by multiple participants.];
```

There are two ways to change a proxy: In a written statement, signed by the participant, or In-person at the CE or site, where proxy changes are noted and maintained in the participant file

Multiple Proxies. A participant may designate as many proxies as necessary to ensure that the food package is picked up. Likewise, a single proxy can be designated by multiple participants. 

# CSFP Proxy Form

Texas Department of Agriculture

## Commodity Supplemental Food Program Proxy Form

July 2022  
FD 099-2016

Participant's name (print) / Nombre del solicitante	Name of distribution site / Nombre del sitio de la distribución
---	---

<b>I authorize / Autorizo</b>	_____ to be my proxy in the CSFP. / que me representante en la CSFP.	_____ Today's date / Fecha de hoy
_____	Proxy's name (print) / Nombre del representante	_____
_____	Participant's signature / Firma del participante	_____
_____	Duration of proxy / Duración de representante	_____
_____	CE or site's signature / Firma del CE o sitio	_____

<b>I authorize / Autorizo</b>	_____ to be my proxy in the CSFP. / que me representante en la CSFP.	_____ Today's date / Fecha de hoy
_____	Proxy's name (print) / Nombre del representante	_____
_____	Participant's signature / Firma del participante	_____
_____	Duration of proxy / Duración de representante	_____
_____	CE or site's signature / Firma del CE o sitio	_____

<b>I authorize / Autorizo</b>	_____ to be my proxy in the CSFP. / que me representante en la CSFP.	_____ Today's date / Fecha de hoy
_____	Proxy's name (print) / Nombre del representante	_____
_____	Participant's signature / Firma del participante	_____
_____	Duration of proxy / Duración de representante	_____
_____	CE or site's signature / Firma del CE o sitio	_____

<b>I authorize / Autorizo</b>	_____ to be my proxy in the CSFP. / que me representante en la CSFP.	_____ Today's date / Fecha de hoy
_____	Proxy's name (print) / Nombre del representante	_____
_____	Participant's signature / Firma del participante	_____
_____	Duration of proxy / Duración de representante	_____
_____	CE or site's signature / Firma del CE o sitio	_____

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



# Other: Square Meals- CSFP Forms

TEXAS DEPARTMENT OF AGRICULTURE  
COMMISSIONER SID MILLER

Home | About | News | Programs | Industry Resources | Public Resources | FAQ | (877) TEX-MEAL (Se habla Español)

TEXAS DEPARTMENT OF AGRICULTURE  
COMMODITY SUPPLEMENTAL  
3E'S OF HEALTHY LIVING *Food Program*  
EDUCATION, EXERCISE AND EATING RIGHT

Programs > Commodity Supplemental Food Program > Administration/Forms

Administration and Forms for CSFP

Get Started  
**Administration/Forms**  
 CFDA/FAIN Numbers  
 Income Eligibility Guidelines  
 Policy/Handbook  
 Resources  
 Statistics  
 Training  
 TX-UNPS  
 Newsletter

**Texas Unified Nutrition Programs System**  
 Commodity Supplemental Food Program participants monitor their USDA Foods through the [Texas Unified Nutrition Programs System \(TX-UNPS\)](#).

**Updated Form H4529 for Transfer of USDA Foods**  
 Any Contracting Entity (CE) that has allocations of USDA Foods may transfer those commodities to another CE. This is applicable to transfers between food bank CEs participating in CSFP and/or TEFAP. The [Authorization to Transfer USDA Foods \(Form H4529\)](#) is an electronic form used by the Transferring CE currently allocated the inventory item(s) to initiate the transfer, to obtain TDA approval, and to document the transfer. The H4529 must be completed prior to transferring any USDA Foods. Refer below for more instructions:

- [General Instructions](#)
- [Household Program Instructions](#)

**CSFP Forms**

Form Name	Form Number	Form Download	Form Download (Alternative Format)	Instructions Download	Program Name
2023 Income Eligibility Guidelines for the Elderly	H1666				CSFP Forms
Agreement Between Contracting Entity and Site	H1501				CSFP Forms
Agreement Between Contracting Entity and Subdistributing Agency	H1505				CSFP Forms
Agreement Between Contracting Entity and Texas Department of Agriculture	H1502				CSFP Forms



# Other: Square Meals- CSFP Forms

## CSFP Forms

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Agreement Between Contracting Entity and Texas Department of Agriculture	H1502				CSFP Forms
Annual Audit	AUDIT				CSFP Forms
Annual Inventory Report (USDA Foods)	H1526				CSFP Forms
Application for Texas Identification Number	AP-152				CSFP Forms
Application Notification	H1515				CSFP Forms
Certification Expiration Notice	H1507				CSFP Forms
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts	H2048				CSFP Forms







# Questions

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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/ad-3027.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.



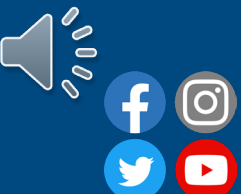
TEXAS DEPARTMENT OF AGRICULTURE  
**COMMISSIONER SID MILLER**

Fraud Hotline: 1-866-5-FRAUD-4 or 1-866-537-2834 | P.O. Box 12847 | Austin, TX 78711  
Toll Free: (877) TEX-MEAL | For the hearing impaired: (800) 735-2989 (TTY)

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Food and Nutrition Division  
Nutrition Assistance Programs



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www.SquareMeals.org