

**On-line Certification**

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

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

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

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

Total Monthly Gross Income \$ \_\_\_\_\_ Household Size \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Race or Ethnic Group: (You may select more than one option)**

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

Asian  White or Caucasian

Black or African American

**Are you Hispanic or Latino?** Yes  No

**Dependent(s) Record(s)**

**Name**

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_

**Alternates**

1<sup>st</sup> Alternate

2<sup>nd</sup> Alternate

3<sup>rd</sup> Alternate

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 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 organization 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 any refusals.

Signature

Date

**For Office Use Only**

**Computer ID #** \_\_\_\_\_ **Parish** \_\_\_\_\_ **Pickup Site Grp.** \_\_\_\_\_  
**Certifying Clerk** \_\_\_\_\_