

# 2025 West Virginia Commodity Supplemental Food Program Recertification Application 2025

Name of Applicant: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Document Provided: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text Capabilities for future reminders: Yes or No

Email: \_\_\_\_\_@\_\_\_\_\_

Total Gross Household Income: \$ \_\_\_\_\_ Check one: Week \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Total Number of People in the Household: \_\_\_\_\_

Authorized Person to Pickup Up the Food Box (add phone number):

Proxy: \_\_\_\_\_ Proxy: \_\_\_\_\_

Data in this section is a USDA statistical requirement for the program. Responses will not affect consideration of this application.

1. Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. What is your race? (Select one or more)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White

Participants must report changes in household income or changes to the number of persons in household within 10 days after the change becomes known to the household.

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 [ ]

**USDA Non-Discrimination Statement**

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)

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**This institution is an equal opportunity provider.**

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**Signature of Applicant**

**Date**

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**Signature of Approving Staff (Agency staff)**

**Date**

Date of Approval \_\_\_\_\_

Date Notification of Ineligibility Sent \_\_\_\_\_

**Site Location/Pantry/ Agency Name:** \_\_\_\_\_

**Return to Facing Hunger Food Bank: [csfp@facinghunger.org](mailto:csfp@facinghunger.org)  
Fax: (304) 523-6086**