

## APPLICANT'S RIGHTS AND RESPONSIBILITIES

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program.

1. Standards for participation in the program are the same for everyone regardless of race, color, sex, national origin, age or disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from the Program. You have a right to a fair hearing.
3. The local agency will provide notification of a decision to deny or terminate CSFP benefits, and of an individual's right to appeal this decision by requesting a fair hearing;
4. The local agency will make nutrition education available to all adult participants, and to parents or caretakers of infant and child participants, and will encourage them to participate;
5. The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate;
6. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP; and
7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

### 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 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

**ONE** of the boxes below **MUST** be checked for each certification period:

For the purpose of complying with Neb. Stat. §§4-108 through 4-114, I attest as follows:

1<sup>st</sup> per.      2<sup>nd</sup> per.

      I am a citizen of the United States

**OR**

      I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

***This form must be signed by each applicant. If applicant is under age 18 parent/guardian is signing on behalf of said minor.***

1<sup>st</sup> period \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> period \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

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