



**State of Hawaii**  
**Commodity Supplemental Food Program (CSFP)**  
**Participant Application**

1. **Last Name:** \_\_\_\_\_

2. **First Name:** \_\_\_\_\_

3. **Address:** \_\_\_\_\_  
\_\_\_\_\_

4. **Gender:** ☐ Male ☐ Female 5. **Date of Birth:** \_\_\_\_\_ 6. **Telephone number:** \_\_\_\_\_

***Racial and/or ethnic data collected on this form has no effect on the eligibility determination of the household. Please select at least one of the following:***

7. **Are you Hispanic or Latino?** ☐ Yes ☐ No

8. **(You may select more than one)**

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian

***Please see attached for Household Income Limits***

9. **Monthly Household Income:** \$ \_\_\_\_\_ 10. **Total number of people in the household:** \_\_\_\_\_

11. **Source of Income:** ☐ No Income ☐ Disability ☐ Pension ☐ Social Security ☐ SSI ☐ Wages ☐ Unemployment

12. **Have you previously been enrolled in the Commodity Supplemental Food Program?** ☐ Yes ☐ No

**13. PROXY**

*Only complete this information if you authorize someone else to pick up your CSFP box*

**I hereby authorize the following individuals to act as my authorized representative for CSFP**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**STAFF USE ONLY**

Client ID: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site #: \_\_\_\_\_

Wait List Date: \_\_\_\_\_ Wait List Notification Date: \_\_\_\_\_

**PLEASE CHECK BOXES FOR ACKNOWLEDGMENT**

- ☐ 14. **Enrollment** I will be enrolled for 12 months at a time and be required to recertify every year. I must continue to meet all eligibility requirements at the time of recertification.
- ☐ 15. **I agree** to inform the Hawaii Foodbank in writing with 10 days of any changes in my contact information.
- ☐ 16. **Pick up** I may actively only participate at **ONE DISTRIBUTION SITE**. I may request a site change with a written request. If I do not pick up a box for three (3) months in a row, I will be removed from the program for being an inactive participant.
- ☐ 17. **Reapply** If I am removed from the program for being an inactive participant, I am allowed to reapply for benefits by filling out another CSFP application. If a wait list occurs, however, I understand my application will go on the list according to the date it was received.
- ☐ 18. **I cannot** trade/sell CSFP food or purchase/use someone else's CSFP food for my household.
- ☐ 19. **Termination** I will be notified in writing of termination and have the right to a fair hearing.
- ☐ 20. **Fair Hearing** If I am found ineligible for this program during a recertification review, I have the right to a fair hearing in accordance with the provisions of Federal and State law.
- ☐ 21. **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, religious creed, disability, age, political beliefs, 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, audiotope, 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; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.
22. 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. 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. ☐ **YES** ☐ **NO**

23. \_\_\_\_\_  
**Print Name of Participant**

24. \_\_\_\_\_  
**Signature of Participant**

25. \_\_\_\_\_  
**Date**

**In order to qualify and participate in the program:**

- You must be at least 60 years old at the time of applying.
- You must be a resident of the City & County of Honolulu.
- You must have a **valid** state or federal issued ID card.
  - e.g.: Hawaii driver's license, Hawaii State ID, passport, permanent resident card
- You must possess a valid mailing address.
- You must meet the following income requirements:

**State of Hawaii**  
**CSFP – 2025 Household Income Guidelines**

Household Size	1	2	3	4	5	6	7	8
Monthly	\$2,249	\$3,040	\$3,832	\$4,623	\$5,414	\$6,205	\$6,997	\$7,788
Annual	\$26,985	\$36,480	\$45,975	\$55,470	\$64,965	\$74,460	\$83,955	\$93,450

*For each additional household member add \$792 monthly*

*A household is typically defined as anyone living together and sharing resources such as food and income.*

**Please mail completed applications to Hawaii Foodbank, 2611 Kilihau Street, Honolulu, HI 96819 for processing.**

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# **The Emergency Food Assistance Program (TEFAP) & Commodity Supplemental Food Program (CSFP) Written Notice of Beneficiary Rights**

## **Name of Organization:**

Because this organization is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights Executive Director  
Center for Civil Rights Enforcement  
1400 Independence Avenue SW  
Washington, DC 20250-9410, or by email to [program.intake@usda.gov](mailto:program.intake@usda.gov)

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact:

DLIR – Office of Community Services  
Email: [dlir.ocs@hawaii.gov](mailto:dlir.ocs@hawaii.gov) Phone: 808-586-8675

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

This institution is an equal opportunity provider.