## LOUISIANA COMMODITY SUPPLEMENTAL FOOD PROGRAM PARTICIPANT CERTIFICATION

Computer ID#	_ Parish:	Pickup Site Grp.	
Name:			
LAST	FIRST	MIDDLE	
Mailing Address:			
City:	State:	Zip:	
Telephone: ( )	Gender(sex)	Date of Birth	
Total Monthly Income \$	_Туре	_FixedYN	Household #
Ethnicity (choose yes or no)	Hispar	nic/Latino YN_	_
Race (you may choose more than one	American Indian	or Alaska Native	
Native Hawaiian or other Pacific Islan	der Asian W	hite or Caucasian	Black or African American
Alternates:			
Certifying Clerk Participant ID Type			
This application is being completed in connect form. I am aware that deliberate misrepreser aware that I may not receive both CSFP and site at the same time. Furthermore, I am awa prevent dual participation. I have been advise provided for my eligibility determination is considered.	ntation may subject me to WIC benefits simultaneo re that the information p ed of my rights and oblig:	prosecution under applicusly and I may not received rovided may be shared wi ations under the program	able State and Federal statutes. I am also e CSFP benefits at more than one CSFP ith other organizations to detect and
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 checkma	ark by the appropriate an	swer. YesNO	
I certify that I have received my food package	e less refusals.		
Signature	Date	_	

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