



Participation application

| | | | |
|---|----------------------|--|----------------|
| Name: | | | Date of birth: |
| Physical address: | Unit #: | City: | ZIP code: |
| Mailing address: (if different from physical) | Unit #: | City: | ZIP code: |
| Primary language: | | Preferred method of contact: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail | |
| Home phone: | Cell phone: | Email: | |
| Monthly income: Adults aged 60 years or older are eligible for Everyday Eats if their gross income is at or below 150% of federal poverty thresholds (in relation to household size). | | | |
| Household size | Gross Monthly Income | Household size: | |
| 1 | \$1,995 | Gross monthly household income: | |
| 2 | \$2,705 | | |
| 3 | \$3,415 | | |
| 4 | \$4,125 | | |
| 5 | \$4,835 | | |
| Each additional member, add \$710 | | | |
| <p><u>Race and ethnic data:</u> This information does not affect your eligibility. If you choose not to disclose your race and ethnicity, the agency will designate a race and ethnicity based on their visual observation.</p> <p>Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your race? (Select one or more)</p> <p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White </p> | | | |
| <p><u>Proxy Designation:</u> I authorize the following individual(s) to pick up my food box in the event that I am unable to:</p> <p>Name: _____ Relationship: _____ Phone: _____</p> <p>Name: _____ Relationship: _____ Phone: _____</p> | | | |
| <p>How did you hear about Everyday Eats?</p> <p> <input type="checkbox"/> Neighbor/friend <input type="checkbox"/> SNAP <input type="checkbox"/> Pantry <input type="checkbox"/> Advertisement <input type="checkbox"/> Other </p> | | | |

Everyday Eats is known nationally as the Commodity Supplemental Food Program (CSFP).

No show policy:

As the applicant, or guardian for the applicant, I understand the Rights and Responsibilities of the Everyday Eats Program and agree. I have received the No Show policy and understand that I need to make arrangements to pick up my box each month or make arrangements with my distribution site.

Recertification policy:

I also understand that certification periods are in 3-year increments, or as otherwise stipulated by Colorado Dept. of Human Services, and that my eligibility will be reviewed every 12 months.

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 Everyday Eats benefits at more than one Everyday Eats site at the same time.

Furthermore, I am also 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.

Authorization of information release:

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

Signature of applicant or legal guardian:

Date:

---End of Application---

| For Distribution Site Staff Only | | |
|---|--|--|
| I have verified the following: <input type="checkbox"/> Identification <input type="checkbox"/> Address <input type="checkbox"/> Income <input type="checkbox"/> Age <input type="checkbox"/> Race/Ethnicity completed | Applicant is: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible* *Date ineligibility notice sent: _____ | Date Received: _____ Certification Period, Month/Year: _____ to _____ |
| Certifying Official Signature & Date: | | Participant ID: |

Everyday Eats Policies

Failure to comply with the participant rights and responsibilities below, may result in disqualification from participation in Everyday Eats. You will be advised in writing if you are ineligible to participate in Everyday Eats and have the right to a fair hearing. Criteria for ineligibility may include age, income, or home address.

Rights

1. Standards for participation in the Program are the same for everyone regardless of race, color, sex, national origin, age or disability.
2. The local agency will provide notification of a decision to deny or terminate Everyday Eats benefits. The local agency will also provide notice of the individual's right to appeal this decision by requesting a fair hearing.
3. 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.
4. The local agency will make nutrition education available to all participants and provide information on other nutrition, health, or assistances programs, and make referrals as appropriate.
5. Improper use or receipt of Everyday Eats 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 Everyday Eats.
6. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Responsibilities

1. Do not make false statements orally or in writing in order to obtain benefits to which you or your household would not otherwise be eligible.
2. Do not conceal information in order to obtain benefits for which you are not eligible.
3. Do not alter Program documents for the purpose of receiving increased benefits for which you are not eligible or for the purpose of transferring benefits to unauthorized individuals.
4. Do not use supplemental foods in an unauthorized manner, such as trading or selling the foods.
5. Do not commit dual participation in Everyday Eats (locally and/or across states).

No show policy

As part of Everyday Eats, food packages should be collected from the designated locations every month. Violation of the "no-show" policy shall result in forfeiture of Everyday Eats benefits. The Everyday Eats No Show Policy is as follows:

1. Participants who fail to pick up food packages for two (2) consecutive months will be removed from enrollment in Everyday Eats.
2. Participants in hospital, out of town, or unable to pick up the food package due to illness for two (2) consecutive months may remain on the program and will not be removed, as long as they contact their distribution site.
3. Participants who are removed from the program for violation of the "no-show" policy are allowed to reapply for benefits unless they have violated the "no-show" policy twice previously. If a wait list exists, participants reapplying after violating the "no-show" policy must be treated as if they are applying for the first time and must be placed on the wait list in the order in which they applied.
4. Participants in violation of the "no-show" policy have a right to request a fair hearing by contacting Colorado Department of Human Services at 303-866-5106.

Additional Assistance Programs

In addition to Everyday Eats, there are other public assistance programs that may be beneficial to you. Contact your local county human services department with any questions. Information for your local county can be found at:

<https://cdhs.colorado.gov/contact-your-county>

- 2-1-1 2-1-1
Services: Provides health and human services information and referral to all people of all ages such as housing, legal, mental health, addiction, medical, dental, and vision.

- Adult Protective Services 1-844-264-5437
Services: Provides home and community-based services of older adults to allow people to remain independent.

- Aging and Disability Resources for Colorado 1-844-265-2372
Services: Provides information on the full range of long-term services and support options available to older adults.

- Feeding Colorado..... 720-234-9317
Services: Representative of the five Feeding America Food Banks in Colorado. Use the Find Food section to locate the food bank nearest you at www.feedingcolorado.org/find-food.

- Low Income Energy Assistance Program (LEAP) 1-866-432-8435
Services: Provides heating assistance to limited income households.

- Meals on Wheels Contact your local Area Agency on Aging
Services: Home delivered meals to homebound older adults age 60+ that lack other meal preparation resources. Provided through local Area Agencies on Aging and senior centers.

- Medicaid 1-800-662-9651
Services: Medical expenses for eligible limited income households. More information can be found at www.medicaid.gov.

- Medicare 1-800-633-4227
Services: Health insurance for adults age 65+. More information can be found at www.medicare.gov.

- Supplemental Nutrition Assistance Program (SNAP) Contact your local county human services office
Services: Provides an electronic benefit card to purchase food at grocery stores. More information can be found at <https://co.colorado.gov/colorado-peak>.

- Supplemental Security Income (SSI) 1-800-772-1232
Services: Provides a monthly benefit for those aged 65+ or who meet other eligibility criteria.

Civil Rights

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 1-800-877-8339.

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/ad-3027.pdf>, from any USDA office, by calling 1-866-632-9992, 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.
- (2) fax: 202-690-7442 or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Beneficiary Rights

Because Everyday Eats 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
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 the USDA Hunger Hotline or local assistance hotlines:

The USDA Hunger Hotline:

- By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM - 10:00 PM Eastern Time.
- By Text: 914-342-7744 with a question that may contain a keyword such as “food”, “summer”, “meals”, etc. to receive an automated response to resources located near an address and/or zip code.

Colorado Assistance Hotlines (statewide, toll-free):

- Hunger Free Colorado: 1-855-855-4626
- 211 Colorado: 1-866-760-6489, or dial 2-1-1

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.