



Commodity Supplemental Food Program (CSFP) Recertification Form (due every 36 months)

W-1708
(New 2/22)

Staff use only

Renewal date_____

End date_____

Please complete a separate recertification form for each person enrolling in the program. Recertification forms must be received before the last day of the certification period.

Name: _____

Street address: _____ Apt. number: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Primary phone number: _____ Alternate phone number: _____

Total number of people in household: _____ Monthly household income: _____

Signature of Applicant: _____ Date: _____

Proxy Update

If there is no change, there is no need to complete this section. If you need to change your proxy (the person who picks up food for you) then you must complete the information below. The proxy must present appropriate identification at the time of food pick-up.

Individual or organization: _____

If organization, contact person: _____

Address: _____

City: _____ Zip Code: _____ Telephone Number: _____

If not returning in person, please mail this form to: _____

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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