CSFP Participant Signature Waiver due to COVID-19 (Novel Coronavirus)

Effective March 11, 2020 through June 30, 2022, out of an abundance of caution due to concerns over the spread of COVID-19, the program regulations will be temporarily modified to waive the signature requirement. Instead, during this period of time, CSFP Lead Agencies and CSFP Sub Agencies will adhere to the following procedure.

1. *Read the following authorization to the participant, proxy or caretaker: "Do you agree to give me (insert staff/volunteer name) permission to sign your CSFP Monthly Signature Form [#102043] or CSFP Certification Form [#202002] on your behalf? Please indicate yes or no."*

2. ***For Form 202022 Certification Form*** *If the participant authorizes the staff/volunteer to sign, the staff/volunteer should read the following statements provided on the form to the participant and ensure that the participant is aware that if they allow the staff/volunteer to sign on their behalf, they (the participant) are attesting or certifying to the truth of the information provided.*

   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 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.

   The staff/volunteer will sign their own name on the signature line of Form 202022, then write: "Signature Authorized by (participant/proxy/caretaker name) (via phone or in-person) on (date/time)."

3. ***For Form 102043 Monthly Signature Form*** *one new/ one amended column will be as follows: New - "Signature Authorized by participant/proxy/caretaker- circle yes or no"; Amended - "Time" will be added to the current Date column. CLICK HERE for Form 102043 Coronavirus*

4. ***NEW PROXY PROCESS*** *during this period participants can authorize a new proxy simply by sending a note with the "new" proxy or by calling the sub agency to provide the name of the new person they are authorizing to pick up their food during this*

The Non-Discrimination Statement is on the back. Please turn over.

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, disability, age, 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, audiotape, 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, 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.

This institution is an equal opportunity provider.