



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

**COMMODITY SENIOR FOOD PROGRAM (CSFP)
ID / TRANSFER CARD**

CSFP ID # _____

The following person is enrolled in CSFP:

Participant's Name *(please print)*

Participant's Date of Birth *(mm/dd/yyyy)*

X

Participant's Signature

X

Proxy 1 Signature

X

Proxy 2 Signature

X

Proxy 3 Signature

If this card is found, please mail or return it to the
Distribution Site listed below.

Distribution Site Name

Distribution Site Street Address

Distribution Site City and ZIP Code

Distribution Site Phone Number with Area Code

CSFP

**Commodity
Senior Food
Program**



See reverse for USDA nondiscrimination
and EOE/ADA/LEP/GINA statements

JANUARY	FEBRUARY	MARCH
Time: Date:	Time: Date:	Time: Date:
APRIL	MAY	JUNE
Time: Date:	Time: Date:	Time: Date:
JULY	AUGUST	SEPTEMBER
Time: Date:	Time: Date:	Time: Date:
OCTOBER	NOVEMBER	DECEMBER
Time: Date:	Time: Date:	Time: Date:

Six-Month Certification Record 1	Six-Month Certification Record 2
Date Certified	Date Certified
Certification End Date	Certification End Date
Certifier's Name	Certifier's Name
Certifier's Signature	Certifier's Signature

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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.

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