

# Senior Box Sign Up Procedures

## Prequalify all applicants prior to starting an application

- a. Age at least 60 years old the month of signing up
- b. Declare Total Gross Household Income
- c. Residency - Lives in 1 of our 26 counties.
- d. Not currently enrolled at another Senior Box location
  - i. If enrolled at another location they must transfer and cease the senior box program at the other location. A box may be received the following month is available.
  - ii. Client must complete a new application at time of transfer.

## Page 1 Form H1504 Revised November 2019

## Participant Application

### Household Information

1. Date of application
2. Name of applicant
3. Physical address of applicant/ mailing address above if different
4. Date of Birth: Must turn 60 in current month or earlier.
5. Phone number: client phone number for call reminders
6. Site name: name of Pantry or location
7. Name of Proxy
8. Phone number of Proxy
9. Dates of proxy - leave blank unless the client specifies a date range

## Income Information

Total Gross Household Income - SNAP benefits do not count

1. List the total gross household income in the correct section
2. Document the number of household members

## Eligibility

If eligible check the appropriate section then list dates of certification

1. Eligible - choose if client is on the participating list and this is a new Formal Review.
2. Eligible and on Waiting - choose if client is new or completing a new Formal Review and on Waiting list
3. Formal Review Dates: current date + end of the month in 3 years. (5-6-2020 to 5-31-2020)

## **Eligibility continued...**

If NOT eligible check Ineligible and the reason for ineligibility. Complete Form H1515 Applicant Notification

- A. Give a copy of the Form H1515 Applicant Notification to the client and file one with their CSFP Application.
- B. Give them a copy of the "Rights and Responsibility".

## **Nondiscrimination Statement**

Must post the green "And Justice for All" poster at all times accessible for clients to read.

The "CSFP Missed Distribution Notice" should be posted along side the "And Justice for All" poster.

## **Ethnicity and Race**

1. Select Hispanic or Not Hispanic
2. Race - select one or more categories

## **Page 2 Form H1504**

### **Certification Statement**

1. Give the client a copy of the "Rights and Responsibility" handout
2. Give the client a copy of the "CSFP Written Notice of Beneficiary Rights" handout
3. Offer to read or have the client read the "Certification Statement" middle of page 2 then answer yes or no.
  - a) Yes - continue the application and sign client up for CSFP Senior Box
  - b) No - end the application process and write "Refused the Certification Statement" in pencil on the front of the CSFP H1504 application.

## **Signatures**

1. Applicant or Proxy signature
2. Eligibility Specialist signature (trained volunteer filling out the form)

**DO NOT COMPLETE PAGE 3 Until Annual Validaiton is required.**

**CSFP Senior Box Intake Form (Fill out at intial sign up or with Formal Review).**

**Page 1 CSFP Senior Box Intake Form**

**Household Representative: Client signing up for the program**

1. Please collect middle and maiden name when applicable as this will help us when checking for dual enrollment.

**Gender:**

Select one

**Date of Birth:**

Enter again from Form 1504

**Ethnicity:**

Enter again from Form 1504

**Address/Phone:**

Enter again from Form 1504

**Household Members:**

1. List all other family members first and last name in the household, do not list the client as they are listed up above
2. List the birthdays for the household members
3. Circle gender
4. Circle race
5. Circle relationship to client

NOTE: A key to the abbreviations is listed just above the table for household members.

**Total Gross Monthly Household Income:**

Enter again from Form 1504

**Demographic questions:**

\*Screen for additional resource information you might be able to give to the client

- a) Help covering the cost of medicare
- b) SNAP (Foodstamp) referral
- c) Medicaid referral information
- d) SSI for low income seniors 65 years or older

**Page 2 CSFP Senior Box Intake Form**

**Release of Information:**

1. Explain to the client they are signing giving permission for us to put them in the Oasis Database as a Senior client.
2. Client signature
3. Eligibility specialist signature (trained volunteer filling out the form)

**New Client:**

Add name to the Waiting list

1. Last, First
2. Date they signed up
3. Contact number for calling