

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services (DAAS)
Coordinated Hunger Relief Program

REQUEST TO TERMINATE USDA DISTRIBUTION SITE

TEFAP CSFP

Distribution Site Name _____ Date _____

Statement of Findings: *(Include any supporting documentation of previous suspensions, corrective actions latest monitoring visit)*

Name of Regional Food Bank (RFB) _____

Requested By _____ Date _____

INSTRUCTIONS:Submit this form and attach any supporting documentation. Email to CoordinatedHungerReliefProgram@azdes.gov

RFB may not terminate the Distribution Site (DS) until written approval is received from DES/HRP (up to 5 business days).

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(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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