

## USDA BENEFICIARY REFERRAL REQUEST

TEFAP      CSFP

### ORGANIZATION INFORMATION

Name of Organization \_\_\_\_\_

Program Staff Member Name \_\_\_\_\_

Organization Staff Member Phone Number \_\_\_\_\_ Organization Staff Member Email \_\_\_\_\_

### YOUR USE OF THIS FORM IS VOLUNTARY

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact person identified above.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

**Please check the box if you want to be referred to another service provider.**

### ALTERNATE SERVICE PROVIDER (ASP) LOCATION INFORMATION

TEFAP/CSFP Locations (*online maps*)

<https://arcgis.maps.arcgis.com/apps/webappviewer/index.html?id=657de1dd982b45e8b955a23776b47415>

Additional Locations (*online maps*)    <http://www.azfoodbanks.org/index.php/foodbank/>

ASP Organization Name: \_\_\_\_\_

ASP Distribution Address: \_\_\_\_\_

ASP Program Contact Phone Number: \_\_\_\_\_ ASP Distribution Days/Time (*if known*): \_\_\_\_\_

### ORGANIZATION STAFF USE ONLY

Date of Objection: \_\_\_\_\_

**Referral Status:**

Client was referred to organization listed above using non-state agency resources.

Client was referred to organization listed above using state agency resources.

Client left without a referral.

No alternative service providers were available (*summarize on the back of this form the efforts made to identify an alternate service provider; include contacts made with the state agency or regional food bank*).

Organization Staff: If no alternate service providers were available, summarize the efforts made to identify an alternate provider in the box below. Include in your summary contacts made with state agency or regional food bank staff.

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, religious creed, disability, age, political beliefs, 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, audiotope, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

---

The USDA is an equal opportunity provider and employer • Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.