

### CSFP NOTICE OF ACTION

To: \_\_\_\_\_

We are writing to inform you that the following action has been taken regarding your participation:

Application Approved	CERTIFIED AS ELIGIBLE FROM _____ TO _____. You must report changes in your income and/or household composition within 10 days from the time you learn of them. You will also need to reapply for continued participation at the end of the above stated certification period.
Recertification Notice	This is to notify you that your certification for participation in this program will expire on _____. You must file a new application by _____ in order to receive uninterrupted benefits. An application form is enclosed for your convenience. You have the right to file the application in person, by mail, or through an authorized representative. Failure to submit an application for recertification will result in a loss of your right to uninterrupted benefits.
Waiting List	You have been placed on a waiting list to receive CSFP benefits because the current caseload for this site is full. A representative will contact you once there is an opening.
Notice of Denial	Your application has not been approved because:  
Notice of Disqualification/ Discontinuance	We have found that you no longer qualify for CSFP; your benefits will end on _____. This action is being taken because _____  If you have questions, please call Name _____ at phone number _____.

**YOUR RIGHTS AND RESPONSIBILITIES:**

**DISCONTINUANCE:** If you don't pick up your CSFP box for two months in a row, you will be discontinued from the program and your box will be given to a person on the waiting list. If you have trouble picking up your box, please speak with a representative

**FAIR HEARING:** If you disagree with any of the above action(s), you have the right to request a fair hearing. To request a fair hearing, call (602) 771-2788 or write the Food and Nutrition Division. You may continue to receive benefits pending the outcome of the fair hearing. However, if the fair hearings official decision is not in your favor, you will be held liable for any over issuances received while awaiting the outcome of the fair hearing. You have 90 days from the date of this notice to request a fair hearing.

**DUAL PARTICIPATION:** You may not receive CSFP from two locations in one month or twice in the same month. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.

**NOTIFICATION:** You have the right to be notified in writing of any decision to discontinue or terminate CSFP benefits 15 days prior to the effective date. If you disagree with the decision, you may request a fair hearing (*see above*).

**NUTRITION EDUCATION:** You have the right to receive nutrition education and information about other health and nutrition programs, including referrals.

Organizational Representative \_\_\_\_\_ Date \_\_\_\_\_

Community Food Bank of Southern Arizona, (520) 449 – 8356

St. Mary's Food Bank Alliance, (602) 343-3143

See reverse for USDA/EOE/ADA disclosures

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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.

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