

COMMODITY SENIOR FOOD PROGRAM (CSFP) NOTICE OF ACTION

Client Name: _____ CSFP ID: _____

Date of Notice: _____

CSFP Distribution Agency Information

Name: _____ Phone Number: _____

Address: _____

Distribution Days and Hours: _____

Additional Details: _____

Details

The Commodity Senior Food Program (CSFP) works to improve the health of low-income persons 60 years of age or older by supplementing their diets with nutritious foods provided by the United States Department of Agriculture (USDA). The monthly food package contains shelf-stable items and a large block of processed American cheese.

We are writing to inform you of the following:

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.
Application Denial	Date of Denial: _____. Your application has been denied for the following reason(s):
Disqualification	You will be disqualified from receiving CSFP as of: _____ for the following reason(s):
Discontinuance	Our records indicate you have not picked up a CSFP box since _____. Please pick-up your CSFP box by _____ to avoid being discontinued. Contact the agency listed above if you have questions.

Rights and Responsibilities

Discontinuance: If you don't pick up your CSFP box for 2 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 the distribution agency listed above.

Dual-Participation: You may not receive a CSFP box 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 you to recover the value of the food and may lead to disqualifying you from CSFP.

Nutrition Education: You have the right to receive nutrition education, including referrals to other programs and agencies that may benefit you.

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 480-521-5700, 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.

Nondiscrimination Disclosure

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

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. • Disponible en español en línea o en la oficina local.